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November 27, 1993

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SW Thames contractors bid for £1.3m

Berks loses out on milk tokens

Which way now for audit?

UKCPA hears of cost of practice research

RPA regroups for local service challenge

PSNC looks at FHSA funding for future role

Unichem bid for BCA: Numark link queried

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Comment

Last weekend may have marked a watershed for community pharmacists as speakers and delegates at two separate conferences grappled with the virtual reality of pharmacy post-1995. There is still much to determine, but it is clear that in many areas pharmacists are setting the pace of change both within their own profession and, more importantly, within primary care teams. And in some areas the fusion of health authorities and family health services authorities is well underway.

That Dorset has saved £1 million *now* in administrative costs is delightful news for the patients in that rural shire, and equally should excite the providers of services being sought without professional favour solely for public benefit. Ian Carruthers, chief executive of the Dorset Health Commission, may be in the vanguard of the Government-led national shift in local health service practices (p958), but it is community pharmacists who are setting the pace for their professional peers and are offering specific services of assured quality for a price.

Dorset pharmacists are well past concern for the parameters set for professional practice allowances and the associated audit, and have joined with the Health Commission in preparing a pharmacy accreditation scheme. When in place, only those able to satisfy accreditation criteria will be able to provide the pharmaceutical services determined as necessary and desirable for Dorset patients by

the Health Commission, be they registered pharmacy or dispensing doctor practice.

Rural pharmacists and urban colleagues (especially those in such rural backwaters as Bury St Edmonds!) will be gratified to learn from DoH under secretary Melvyn Jeremiah (p960) that control of entry will stay — but with simplified rules — and that the doctor dispensing drug discounts are under review together with “further steps” to ensure they give value for money.

Pharmacists will be impressed by the trail-blazing professionalism of Lothian, Liverpool, Hillingdon and Barnet pharmacy teams and the local initiatives that place them at the core of primary care (see p946). And they should feel gratified that the Pharmaceutical Services Negotiating Committee financial executive Godfrey Horridge is preparing ring-fence building kits for erection around the 20 per cent of the global sum that will be dispersed locally two years' hence. But pharmacists should also note that, while Mr Jeremiah acknowledges the PSNC's place in talks to lay down a national template for local pharmacy services, he has not been impressed by the paucity of ideas emanating from pharmacy nor with the strident protests of a profession and negotiating team he claims “protests too much”.

Failure to deliver what patients want will be terminal. PSNC is receptive to properly thought out ideas. Meanwhile LPCs could do worse than follow the Dorset road.

Pharmacists bid for £1.3m to develop services

Community pharmacists in the South West Thames area have submitted a bid to the Regional Health Authority asking for £1.3 million to develop pharmacy services.

The bid asks for £2,000 per pharmacy to fund private consultation areas, and calls for money to publicise pharmacy's services to the public.

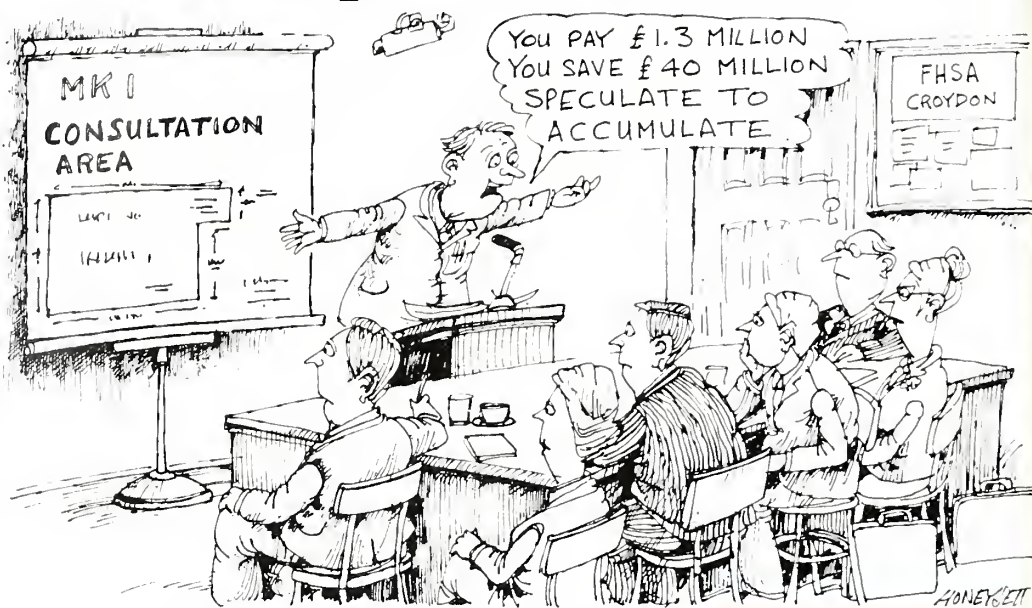
The investment would lead to an estimated saving of £30m per annum in reduced consultations with GPs and £10m in drug costs in the Region alone, the contractors claim.

A report detailing the bid, together with the justification for the sum involved, has been compiled by Norman Evans, pharmaceutical adviser to Merton, Sutton & Wandsworth FHSA. Other FHSA's and LPCs in the region have been involved in the process.

The report estimates that, nationally, pharmacy saves the NHS £680m per annum — £500m from saved GP consultations and £180m on the NHS drugs bill.

Calculations are based on figures showing that each GP consultation costs the NHS £15. If every pharmacist offers advice to only ten people a day that prevents an unnecessary trip to the doctor, savings are £150 per pharmacy per day.

As at least 70 per cent of GP consultations result in a prescription, each pharmacist



therefore prevents at least seven scripts being written each day, with resulting savings in net ingredient costs and pharmacy fees, the report points out.

"Improving facilities in pharmacies would encourage greater consultation of the pharmacist resulting in a more appropriate use of GP time. Money saved would release capital for use elsewhere in the NHS," the report continues.

Mr Evans, who is also a senior lecturer in pharmacy practice at the Department of Pharmacy, King's College, says if anything

the figures used in the report are conservative. He has asked his own FHSA for £20,000 to fund a pilot project in ten pharmacies in the area.

Andrew McCoig, chairman of Croydon LPC, who was involved in the consultation process, is not suggesting that every pharmacy will want to avail itself of the £2,000 for a consultation area. But those that do, he says, should be supported by a national pharmacy awareness campaign.

The report submitted to SWTRHA will form the agenda for a meeting on December 22.

South West Thames Pharmacy Proposals:

- The report of the joint RPSGB-DoH working party to be introduced into a new remuneration package.
- Training to be provided for pharmacists for the extended role funded in normal working hours.
- The public should be encouraged to use pharmacists with appropriate national advertising in all forms of media. A contribution should be made to the NPA campaign.
- Regions should fund consultation areas up to a maximum of £2,000 per pharmacy.

Expected outcomes:

- For an investment of £1.3m in the 650 pharmacies in SWTRHA there would be an estimated savings of £30m per annum in reduced consultations to GPs and £10m in drug costs.
- Improved compliance would lead to better patient care, reduced wastage and reduced repeat prescribing. This would reduce prescribing costs.
- Improved patient care.
- Increased use of the pharmaceutical services.
- Reduced occupation of hospital beds due to iatrogenic disease.

Schering talk on OTC PC4

Schering Health Care are having informal discussions with pharmacists and doctors to determine their attitudes to OTC emergency contraception.

They may then apply for deregulation of Schering PC4 from POM to P. Marketing communications manager Terry Madgwick said the company was evaluating the "groundswell of opinion" that the "morning after pill" should be available without prescription. Schering are also talking to the Family Planning Association, Department of Health and other interested parties, and may eventually do some formal market research.

Any decision to apply for licensing changes is a long way off and would have to be taken in consultation with the company worldwide, Mr Madgwick said.

More dispensing GPs

More doctors are now authorised to dispense for an increased number of patients in England and Wales, according to figures from the Department of Health.

The number of dispensing doctors has increased 3,057 in 1982 (13 per cent of total) to 4,100 in 1992 (15 per cent).

But during the past decade, the

average dispensing list for each doctor has declined by 23 per cent from 1,042 to 802. The number of dispensing patients rose from 3.18 million to 3.29 million.

In 1992, dispensing doctors dispensed an average of 9.6 items per patient, compared to 8.8 for non-dispensing doctors. In 1982 these figures were 6.1 and 6.9.

CPP introduces practice research to exams

The College of Pharmacy Practice is to introduce practice research as an assessment into its Membership Examination Scheme, from January 1994.

The move reinforces the CPP's belief that there is now sufficient practice research being undertaken for this assessment to be viable. It is designed, it says, to emphasise the importance of research to practice.

The new assessment will involve a small scale practice research project to publication standard. The project will be relevant to current professional practice and developments in the provision of service.

The report of the project will be between 5,000 and 7,500 words in length. There will also be an oral presentation to two examiners.

It is recommended that the

protocol for the project be submitted to the College before work is started, although this is not compulsory.

The first examination will take place in Autumn 1994. The closing date for registration will be August 12, 1994, with reports submitted by August 26.

Further details can be obtained from Michelle Chaplin at the College on 0203 692400.

Society in dock for promoting interests of the public rather than the profession

The Royal Pharmaceutical Society promotes the interests of the public to the detriment of the profession, according to at least one group of pharmacists.

RPSGB vice-president Ann Lewis and Council member John Carr were on the losing side of a debate organised by the West Midlands Region last Tuesday.

Brian Teague, the member of the West Midlands Regional Committee who proposed the motion, argued that any matter which affected community pharmacy affected the profession as a whole.

There was a widespread lack of respect for the Code of Ethics, he felt. What was going to be done about "pirate dispensing", he asked.

If there is a conflict between public and professional interests, the former must prevail. The customer is king, responded Miss Lewis. The Society had to balance interests within the profession; pharmacists' interests are not always the same, particularly in community practice which is market driven, she said.

The profession has many privileges which would be challenged if it fails to act in the public interest. Miss Lewis highlighted the right to sell pharmacy medicines, a virtual monopoly on dispensing and a Society that combines registration with the maintenance of

standards.

John Gentle, secretary of the Shropshire Branch, seconding the proposition, said it was a thinly veiled attack on the Council. It should act on our behalf, he said; instead, it seemed to be leading us to professional oblivion.

Satellite dispensing had been brought into the limelight with Boots' plans to open 240 stores with no NHS contract. Action had been promised at the Branch Representatives Meeting in the Summer, but had not been taken, he alleged.

From the floor, Michelle Rowland-Jones (Shropshire) recalled that the Society's Charter obliged it to promote the public interest. In a community pharmacy with collection and delivery services, residential homes visits and so on, "we should be aiming for sufficient remuneration for two pharmacists per pharmacy", she said.

Martin Wilson (Birmingham) felt strongly that the public could not be served effectively by satellite dispensing. How could it be acceptable to allow the dispensing of scripts faxed from a non-NHS outlet, he asked.

Linda Stone supported Ann

Lewis' proposition that putting the public first safeguards the right of the profession.

John Balmford urged more branches to invite Council members to their meetings, and

asked why, when they were invited, so few pharmacists turned up.

At the vote, 30 were in support of the motion, 18 voted against and there were four abstentions.

Disinfectant found in Olvarit babyfoods

High levels of disinfectant residue found in Cow & Gate babyfoods has led to the company withdrawing over one million jars of product in Holland and 80,000 in the UK. The problem has been traced back to parent company Nutricia's meat supplier in Holland, who are now no longer being used.

In the UK, 80,000 jars of Olvarit Creamed Cauliflower & Lamb (150g) and Cauliflower with Tender Lamb (200g) meals have been recalled, since the meat was sourced from the Dutch supplier. No other UK varieties have been contaminated, say Cow & Gate, since ingredients are sourced from different suppliers to their Dutch products.

Fresh supplies of the recalled varieties should be available by mid-December, says UK market-

ing director Niall Bowen. The effect on Cow & Gate sales, he believes, will be negligible.

The residue of cleaning material, said to be harmless, was found in 26 out of 86 Olvarit varieties in Holland, containing beef and pork.

The discovery was made as a result of routine checks by Nutricia in conjunction with the Dutch Commodity Inspection Department. The cleaning agent is used for washing down equipment after use. The exact cause of the contamination is being investigated.

Mr Bowen said: "Although the cleansing agent is harmless at the levels contained in this product, our primary responsibility is to our consumers and therefore we made the decision to recall the variety from public use."

Berks pharmacists lose out on milk tokens scheme

Berkshire contractors are angry because the local NHS Trust has withdrawn its babymilk token redemption scheme through pharmacies.

West Berkshire Priority Care NHS Trust claims the pharmacy scheme was costing £15,000 a year, and it believes that redemption from the county's 60 child health clinics will save money which can be used to fund other areas of healthcare.

Charles Butler, whose J. R. Butler chain of pharmacies was involved in token redemption, doubts whether the clinics could run the service for less once they have employed the necessary staff and organised distribution.

"The pharmacies involved were reimbursed at the retail price, but were open for ten-and-a-half hours on six days a week, compared with some of the clinics which are open one afternoon a week," he told C&D. Pharmacies also offered a full range of milks rather than the clinics' more restricted choice.

Mr Butler added that at least a dozen pharmacies were involved in the scheme, set up in 1985 at the request of the then West Berks Health Authority.

When he heard that the scheme was to end on October 1, Mr Butler wrote to the NHS Trust asking to discuss the matter but has not yet had a reply.

In an article in the *Evening Post* (November 10), Gareth

Crudace, chief executive of the Trust, said there were a number of reasons for the change including encouraging more mums to visit the clinics where a qualified health visitor could examine the child.

PSNC reminder...

Pharmacy contractors are being reminded that they must return their application forms to their family health services authority by December 15 in order to receive the professional allowance which forms part of this year's remuneration arrangements.

"No provision has been made for a second chance to apply," warns Pharmaceutical Services Negotiating Committee secretary Steve Axon.

PSNC is closely monitoring comments from FHSAs as to how and what they might purchase from pharmacy contractors when 20 per cent of the global sum is given over to their control.

LPCs are being encouraged to keep only a listening brief at present, and not to commit themselves to the provision of any services. PSNC is hoping to agree centrally a series of protocols which FHSAs can utilise.

PSNC is planning a series of regional teach-ins, likely to start in February, to explain to LPCs how the Committee sees their role under the new arrangements.

Liberals resubmit motion

Liz Lynne MP, Liberal Democrat health spokesman, has resubmitted her Early Day Motion calling on the Government to think again on pharmacists' pay and re-open negotiations with the PSNC.

"It is vitally important at the beginning of a new Parliamentary session to put the future of community pharmacists at the

top of the agenda," she says. "During the Winter months we will be more aware of the value of our local pharmacist. For many sick and elderly people the up-to-2km round trip will just not be possible."

Nigel Bird, Liberal Democrat community pharmacy consultant, is urging colleagues to lobby their MPs in support of the motion.

Flu cases continue to climb

The number of people suffering with flu and flu-like illnesses has continued to rise as the virus spreads south across the country.

Flu has disrupted hospital services in a number of areas. Meanwhile, specialists are advising doctors to prescribe amantadine for at-risk patients until flu

vaccines become available.

Doctors in some parts of the country are reporting a rise in the number of cases of another virulent upper respiratory tract infection. The illness is more common than A-Beijing flu and severe enough to keep patients off work for at least a week.

Pharmacy should lead a multi-disciplinary team

The way forward for audit will be towards a multi-disciplinary approach, and pharmacy is in a good position to take the lead, according to David Pruce, audit development fellow for England.

Although pharmacists have always critically analysed the quality of the care they provide, the introduction of audit provides

information services; and discharge procedures.

• Help is available for anyone thinking of an audit from several sources. Many FHSA already have pharmacy audit facilitators, and Medical Audit Advisory Groups are available for courses and practical advice on audit.

Funds for undertaking audit may be available from the regional budget, but a preference is given to a multi-disciplinary design audit.

Written material available on audit includes the distance

learning package "Moving to Audit", which has been mailed to all community pharmacies and personal copies are available for pharmacists on application. The College of Pharmacy Practice has produced a booklet called *Introducing Audit — A Pharmacist's Guide*.

Mr Pruce recommends that the way to begin is to sit down with all the staff and have a brainstorming session to get the initial ideas for the audit. But he recommends KISS: Keep It Short and Simple.



David Pruce: take the lead in audit

a systematic basis on which to continue this process, he told the National Association of Senior Pharmacy Managers and Advisers meeting last week.

Over £200 million has now been pumped into audit, but so far pharmacy has not seen a lot of this. Mr Pruce is currently trying to redress this balance as he believes that pressure will soon be applied from management, purchasers and the Government for pharmacists to take part.

A decision from the Department of Health is expected soon regarding funding for a pharmacy facilitator for each family health services authority. This idea is being piloted in the Mersey region at the moment.

Many hospitals are currently participating in audit. Some of the areas which are being covered include a service review based on standards of the regional pharmaceutical officer; customer/patient satisfaction surveys; intervention monitoring; drug

Results from Northampton pharmacy audit

Following the report *Pharmaceutical care: the future of community pharmacy*, Northampton Family Health Services Authority undertook an audit to investigate the range, extent and level of interest in the extended role of the community pharmacist.

The audit was carried out by Sue Ashwell, pharmaceutical adviser, and Panna Samani, assistant pharmaceutical adviser.

Initially, a postal questionnaire was mailed to all community pharmacists in the area, with a follow-up copy after six weeks for non-responders. Some 52 per cent of the pharmacists responded.

The audit found that, of the respondents:

- 22 per cent provided diagnostic screening
- 64 per cent supplied aids for the disabled
- 54 per cent supplied drug misusers with prescribed drugs
- 34 per cent held stock for MacMillan nurses.

Outside the pharmacy, three-quarters of the pharmacists supplied medication and advice to residential homes, but only around 40 per cent supplied nursing homes, provided an

oxygen service and participated in domiciliary visiting. The number that gave formal advice to GPs was only 2 per cent.

Highlighted in the audit as areas needing most training were diagnostic testing, supplies to drug misusers and formal advice to GPs.

For the future, the FHSA wants patients to have a ready access to a full range of services, though not necessarily all services through all pharmacies.

As a result of the audit, the FHSA is also working with the Social Services Homes Inspectorate to produce improved, appropriate, workable standards for residential homes services.

A GP/community pharmacist liaison group is being initiated to reduce the drugs bill while maintaining quality of care.

Comments sought on London health strategy

Two London health bodies are consulting the public for their views on future health strategies in the capital.

South East London Health Authority and Lambeth, Southwark & Lewisham Family Health Services Authority have produced their first strategy document entitled "Towards a Health Strategy".

The document is being circulated to GPs, health professionals, local authorities, local organisations and others with an interest in health. A summary leaflet is being distributed to GP surgeries, clinics, pharmacies, hospital outpatient departments, social services, offices and libraries.

The strategy says the boroughs have high unemployment and poor housing. Lung cancer figures are higher than average, the suicide rate is "substantially above" the national average and infant mortality is also high.

Priorities for the two bodies include reducing death and illness from heart disease, stroke, cancer, mental illness, HIV/AIDS, accidents, diabetes, sickle cell disease and tuberculosis.

The strategy also points out a need to improve dental health and reduce smoking rates.

Free copies of the strategy are available from Jenny de Ville, SELHA, 1 Lower Marsh, Waterloo, London SE1 7RJ. Comments should be returned by December 31, 1993.

Pharmacist fights on fluoride

A Liverpool contractor is campaigning against a proposal to fluoridate water in his area.

Pharmacist and local councillor Paul Klein has looked closely into the arguments for and against water fluoridation since his local health authority put forward the proposal.

He has come down firmly against fluoridation, agreeing with research which suggests there is no need for fluoridated water since levels of caries have fallen significantly thanks to fluoridated toothpaste. He is also

concerned about possible links with an increased incidence of osteoporosis and effects on the renally impaired and elderly.

"Surely, if ill effects have been found in just one group of people, then it should not be done," he says.

The local council is now recommending against fluoridation of water, says Mr Klein. Presentations will be made to Liverpool Environmental Services Committee at the beginning of December and the outcome is expected in January.

Nurse prescribing

A trial scheme of community nurse prescribing will start from next October at five centres across the country, says the Government. Locations have yet to be announced but, if successful, the scheme could be extended to hospital nurses.

DHA mergers

From April 1994, Great Yarmouth and Waveney Health Authorities will be merged with Norwich and Suffolk Health Authorities. The merger will result in two new authorities — the East Norfolk and the expanded Suffolk authorities.

Breast care

The Breast Care Campaign is asking doctors to give better attention to women with benign breast disorders after two reports showed that many were dissatisfied with their GP's attitudes. A report by the Campaign showed that 90 per cent of callers to its

helpline were unhappy with the advice and treatment given. A second report by Taylor Nelson showed that only 52 per cent of patients presenting with breast pain were examined.

First Ecolabel award

The first Ecolabel has been awarded to Hoover for three of their New Wave washing machines. The award was presented to Guy Spurling of Hoover by Ecolabelling Board chair Dr Elizabeth Nelson at a ceremony on November 25.

Smoke-free areas

A national list of restaurants and cafes showing their smoke-free arrangements is being drawn up by Breathe Easy, the club for people disabled by respiratory disease, run by the British Lung Foundation. It is in conjunction with the Breathing Space campaign, recently begun by Action on Smoking and Health, to make premises smoke-free.

NHS waste 'could pay drugs bill'

Government estimates of waste in the NHS are more than enough to pay for all its medicines, says the Association of the British Pharmaceutical Industry.

In its written evidence to the Health Select Committee's inquiry into the drugs bill, the Association says that medicines could prove the solution to keeping down the rising cost of state healthcare rather than being its cause.

The submission shows that the average cost to the taxpayer of a medicine prescription at the NHS price is £6.67 compared to the average cost of a week's stay in hospital of more than £1,000.

Figures show that nursing costs and the medicines bill are being held to similar low rates of real growth of just over 20 per cent since 1985, whereas the cost of family health service administration is up by over 80 per cent in six years, the Association continues. The cost of hospital management has gone up by 1,700 per cent over the same period.

The proposed extension to the Selected List comes in for criticism in the ABPI's submission, with the warning that NHS patients will be denied many, if not all, future advances in treatment in the ten further therapeutic categories being covered by the List.

Clinichem add two

Sheffield-based pharmacy company Clinichem Ltd have obtained preliminary consent for two new pharmacies — one in a deprived inner city area of Sheffield, the other in a semi-rural location near Chesterfield.

This brings to seven the number of new NHS dispensing contracts the company has obtained in just two years. All are in the Sheffield, Chesterfield and Rotherham areas.

Andrew Duckenfield, managing director of Clinichem, says: "This is further vindication of this company's commitment to bring NHS pharmaceutical services directly to those who need them."

"We specialise in successfully identifying sites in which new or additional NHS pharmaceutical services are required, be they deprived inner city areas or rural areas where previously only dispensing GPs have been operating."

Four of the company's contracts are yet to become operational, including the latest two. Clinichem hope to remedy this in the next 12 months.



Fame at last — for £200

Fame at last, but who shopped me? My anonymity has been blown and I have been invited to join the ranks of the titled and famous. Do I hear cheers from the Editor's office at the thought of a redundant Xrayser? But before there are celebrations in the street, perhaps I should explain.

Last week a polite gentleman phoned to invite me, as a well-known member of my profession, to have my name included in Burke's new publication of professional people famous in their field. It would be distributed far and wide via 10,000 copies.

I was immensely flattered and, adjusting my tie, inquired further. Whatever the blandishments, I had obviously been selected along with every other community pharmacist by reference to some alphabetical list of names. The reputation of Xrayser was not even mentioned — only the princely sum of £200 with which I could purchase a listing!

My ego was severely dented but, with dignity still intact, I declined the invitation. I may indeed be famous but, at £200 a throw, I would prefer to remain anonymous. And Burke's listings? Perhaps a change of spelling might be more appropriate.

Having cake and eating it

Really, David Dickinson, editor of *Which? Way to Health* has got his knickers in a twist (**Letters**, C&D November 13). All I suggested was that his talents for objective reporting might be better served by the tabloid Press than the august pages of the Consumers' Association publication.

But having re-read the original article in "Food News" (October 1993), I feel that my reaction was wholly justified. It seems to me, a mere amateur, that Mr Dickinson wants to have his cake and eat it because, having determined that community pharmacists in a blind trial did give 100 per cent good advice, he then questions their objectivity. Either the advice was good or it was not.

He asked the questions, he researched the answers but then, having acknowledged our veracity, refuses to accept the conclusion by re-wording his original question.

I believe that community pharmacists do give sound independent advice. If that is also the conclusion of *Which? Way to Health*, then it has a responsibility to its readers to say so without diversionist qualification.

But perhaps I was a little hard. Banishment to the pages of the *Sunday Sport* is indeed a terminal sentence even I would not relish. A truce before the headhunters become active?

How about some quid pro quo?

I was called out the other night for a genuine urgent prescription but one which was not marked as such because it was issued in the late afternoon. The urgency was on account of the unusual nature of the drug. Having unsuccessfully tried many pharmacies, the worried parents had asked the police to phone all the call-out

pharmacies in an attempt to trace a source of supply.

I suppose I could say I drew the short straw, but this was a genuine emergency and I had no grumble at being called out. The patient received the required treatment and pharmacists were seen to be acting responsibly.

My criticism lies with the fact that the time of dispensing was now 9.10pm but, because the script was not marked urgent and it was not a Sunday or public holiday, I could not claim an "urgent" fee.

I know I can send the script back to the prescriber for the addition of the word "urgent", but that should not be necessary. The pharmacist's endorsement, countersigned by the patient, should be sufficient for the payment of a call-out fee, regardless of the time or the day of the week.

If it is the intention of our masters that we become more service-based, then we should be properly paid. Or perhaps this, too, will have to be negotiated locally from the 20 per cent of our money to be administered by family health services authorities in 1995.

The right approach

I may not have agreed with all the proposals set out by Ken Sims in **Personal Opinion** (C&D November 20 p909), but he is right in questioning the basis upon which we will practice into the next century.

Certainly we need to revise our moribund institutions by the injection of new blood and, if necessary, revise their constitutions.

Instead of merely fighting a rearguard action against any proposal which threatens our status quo, we must go on the offensive and constructively initiate change. We have no automatic right of survival and, although this Government has perpetrated many injustices on community pharmacy, some of these may have been borne out of frustration with our own intransigence.

Mr Sims does not have a monopoly of ideas but he does show the way forward. We must suggest positive ideas for change which are in tune with political reality, provide the patient with a better service and secure a dynamic future for our profession.

Topical REFLECTIONS

Scriptspecials

Sandimmun for severe atopic dermatitis

The oral forms of Sandimmun (cyclosporin) are now licensed for the short-term treatment (eight weeks) of patients with severe atopic dermatitis in whom conventional therapy is ineffective or inappropriate.

Sandimmun concentrate for intravenous infusion should not be used in these patients.

The recommended dose range for treatment of atopic dermatitis is 2.5 to 5mg/kg/day orally in two divided doses for a maximum of eight weeks. If a starting dose of 2.5mg/kg/day does not achieve a good initial response within two weeks, the dose may be rapidly increased to a maximum of 5mg/kg/day.

In very severe cases, rapid and

adequate control of the disease is more likely with a starting dose of 5mg/kg/day.

Sandimmun is contraindicated in psoriatic and atopic dermatitis patients with abnormal renal function, uncontrolled hypertension, uncontrolled infections or any kind of malignancy other than that of the skin.

Before starting therapy, careful dermatological and physical examinations, including measurements of blood pressure and renal function, should be carried out at least twice to establish an accurate baseline status.

Because of the possibility of renal dysfunction or renal structural changes, serum creatinine should be measured at

two-weekly intervals throughout the treatment period.

There have been reports of psoriatic patients, treated with Sandimmun as well as during conventional therapy, developing malignancies, particularly of the skin. Patients on Sandimmun should be warned to avoid excess unprotected sun exposure and should not receive concomitant therapeutic ultraviolet radiation or PUVA photochemotherapy.

It should only be used in pregnancy if the benefit outweighs any potential risks, and mothers receiving the drug should not breastfeed as cyclosporin passes into milk. **Sandoz Pharmaceuticals (UK) Ltd. Tel: 0276 692255.**

Plans for OTC Pepcid

Centra Healthcare are hoping to launch an over-the-counter version of Pepcid in January.

It will be available as 10mg tablets of famotidine for the treatment of heartburn, dyspepsia and excess acid production. The dose will be one twice-daily, and packs will contain a maximum of 14 days treatment (28 tablets), the price is not yet decided.

Famotidine 10mg has a long duration of action, controlling excess acid for up to nine hours, and has not been associated with interactions with other drugs. It has been on the market since September 1987 and used in about 46 million patients worldwide.

Pepcid will still be prescribable as 20mg and 40mg tablets for the treatment of benign gastric and duodenal ulcers.

A Gastro Accord advisory panel of experts has devised protocols for the OTC use of famotidine. They recommend that pharmacists refer patients to a doctor if there is pain on swallowing or a feeling that the food is sticking, if indigestion is accompanied by vomiting, bleeding, unexplained weight loss or if the pain gets worse with exercise.

Patients over 45 who suddenly develop indigestion for the first time should also be suspected of having a potentially more serious condition.

Centra Healthcare is a joint venture between Johnson & Johnson and Merck & Co Inc.

Imigran half packs

Glaxo are planning to halve Imigran 100mg tablets in more ways than one.

An additional pack will be introduced from November 22 containing three tablets.

The current six-pack will probably remain the size of choice for established migraine

sufferers, as any reduction for these patients would result in extra prescription charges for patients.

Glaxo are also making a submission for a 50mg Imigran tablet. Some patients have found that half a tablet relieves their migraine attack.



Nebuliser uses microchips

Easimist is a new portable ultrasonic nebuliser that weighs less than 1kg and incorporates micro-chip technology which "ensures the user receives a constant, high-quality mist for effective therapy which they can adjust to their individual requirements".

When treatment is complete, the handset will emit a "beep"

and the equipment will shut itself off to avoid wasting power.

Easimist can be connected to any mains voltage in the world or, using the special DC lead, the handset can also be used via a lighter socket. A separate rechargeable battery pack is also available. **AAH Pharmaceuticals Healthcare Centre. Tel: 0345 808090.**

Mobiflex vials

Mobiflex Vials, containing 20mg of tenoxicam for IV or IM use, is now available from Roche Products. The single units of one vial with an ampoule containing 2ml sterile Water for Injection have a basic NHS price of £0.93 and the minimum order is five units (£4.64). Initial allocations of stock will be despatched to hospital wholesalers only. Any other orders should be placed with the company's medical orders department. **Roche Products Ltd. Tel: 0707 366000.**

Eczederm recall

Quinoderm Ltd say Eczederm cream is to be discontinued and the product is subject to a recall (all batches, all pack sizes — 30g, 60g, 500g) due to problems with the preservative, parabens. A Class III notification is being actioned by the Medicines Control Agency. Product should be returned to the pharmacy's usual supplier for credit. **Quinoderm Ltd. Tel: 061-624 9307.**

New from Lagap

Lagap have added sodium chloride sachets 0.9% W/V (30 × 25ml, £7.02) and zinc and castor oil cream (500g, £2.68) to their range. **Lagap Pharmaceuticals. Tel: 0420 478301.**

Ponstan Dispersible

Ponstan Dispersible is to be discontinued immediately because of falling demand. **Parke-Davis Research Laboratories. Tel: 0703 620500.**

..and Sevedol

Sevedol Suppositories (10mg, 20mg and 30mg) are being discontinued from December 1. **Napp Laboratories. Tel: 0223 424444.**

No Schering marks

All imprinted tablets produced by Schering Health Care are to have their markings removed once existing stocks have been depleted. **Schering Health Care. Tel: 0444 232323.**

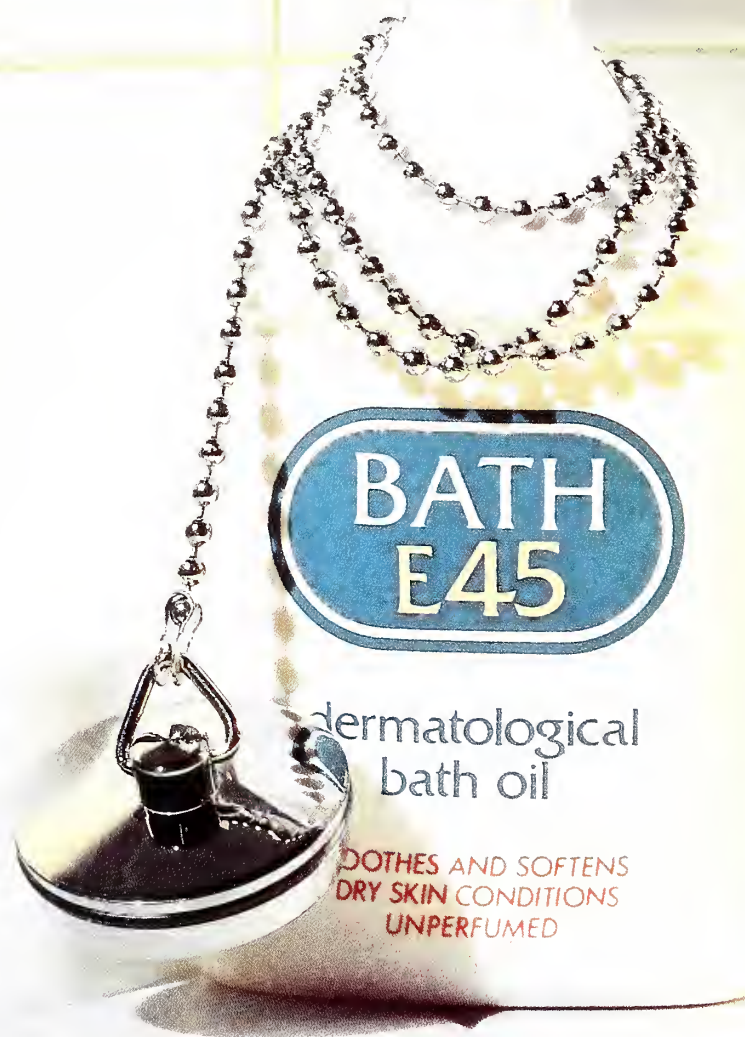
Calmurid storage

Calmurid Cream and Calmurid HC should now be stored below 25°C. Both have a shelf life of 18 months. **Galderma (UK). Tel: 0494 432606.**

Omnopon Paediatric

The British Pharmacopoeia Commission has asked Roche to discontinue Omnopon Paediatric Injection. This will allow a new BP for papaveretum to be defined, based on the current adult presentation. Omnopon ampoules (1ml) will continue to be available. **Roche Products Ltd. Tel: 0707 366000.**

The bath oil that doesn't just work in the bath.



If the skin is dry, sensitive and irritated, using soap or any bath additives that foam can make it worse. But Bath E45, an unperfumed oil, can make it a lot better.

Bath E45 treats the whole body simply and effectively. Dermatologically tested and allergy-screened, Bath E45 soothes and softens dry, rough, itching skin, while replacing lost moisture. Bath E45 forms a protective film over the skin, and, due to its silicone content, it keeps the moisture in, and the skin feels the emollient effect long after bathing.

Trials provide ample evidence for the superior efficacy of Bath E45. They show that Bath E45 has a longer-lasting effect than two leading bath emollients¹ and compares well with standard therapy².

Available on FP10 or OTC, Bath E45 can be recommended for bathing dry skin, including such conditions as eczema, dermatitis and psoriasis.



ESSENTIAL MOISTURE THERAPY FOR DRY SKIN

References: 1. Data on file, Crookes Healthcare Limited, Report No. CPD 223A 2. Data on file, Crookes Healthcare Limited, Report No. M89142

For detailed information on Bath E45 and the full range of E45 products, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

Medical matters

NHS should pay for nicotine patches

"The NHS should foot the bill for nicotine patches used with counselling to encourage smokers to quit," concludes a review of nicotine patches in the latest *Drug and Therapeutic Bulletin*.

Smoking is the commonest cause of preventable death in the UK. The total cost of smoking to the NHS is estimated at £610

million annually. Smokers find it difficult to quit but studies have found that the use of nicotine patches significantly increases the success rate. But nicotine patches cannot presently be prescribed on the NHS.

Studies have shown that about a quarter of smokers can give up if they use nicotine patches together with regular counselling. A sixth can succeed using nicotine patches plus brief advice from their GP.

The use of nicotine patches without such support is less likely to be successful. So the *Bulletin* recommends that patches used alone should continue to be paid for by the smoker.

Three brands of nicotine patch are licensed in the UK —

Nicabate from Marion Merrell Dow, Nicorette from Kabi Pharmacia and Nicotinell TTS from Ciba-Geigy. Each brand is available in three strengths to allow the gradual withdrawal of nicotine over a period of weeks.

Myocardial infarction has been reported in users of nicotine patches who continue to smoke, but the risk appears to be no higher than in smokers who do not use nicotine patches.

Nicotine gum also reduces the craving for cigarettes, and a previous report by the Consumers' Association found that nicotine chewing gum helps people who are determined to give up smoking. But compliance appears to be better with patches.

Research on cholesterol test accuracy

The Boots home cholesterol test has been shown to be 93 per cent accurate in independent consumer research trials.

The study, commissioned by the Department of Health, involved approximately 150 untrained consumers. A study of 100 samples carried out in the laboratory gave 98 per cent accuracy.

Following the results of the study, a new instruction leaflet has been added to the pack and further improvements are planned for the New Year, which will increase the accuracy of the test for consumers, according to Boots.

A freephone helpline — caring for your heart — has been introduced and is manned by the Family Heart Association. The helpline number is on the leaflet inside the cholesterol test.

Vitamin B12 reduces risk of neural tube defects

Vitamin B12 supplements as well as folic acid during pregnancy could substantially reduce the risk of neural tube defects such as spina bifida in babies, according to research carried out at Trinity College, Dublin.

Vitamin B12 levels appear to be an independent risk factor for neural tube defects. The study of over 56,000 women discovered that neural tube defects were five times more common in those in the lowest quartile for plasma folate and B12 levels compared to those in the highest quartile.

The levels of folate and B12 at which the risk increased are not usually associated with deficiency. Head of the team at Trinity College, Professor John Scott, believes the recommended daily allowance for vitamin B12 should be re-evaluated.

Every year around 2,000 pregnancies in the UK are affected by neural tube defects. Despite health education campaigns to encourage pregnant women to take folic acid supplements, it is estimated that fewer than 3 per cent do so.

Bed sharing and smoking are cot death risk factors

Infant bed sharing is associated with a significantly raised risk of sudden infant death syndrome, particularly among babies of mothers who smoke. Eliminating either of these risk factors would theoretically prevent 20 per cent of sudden infant deaths.

These are the results of a study, reported in the *British Medical Journal*, which looked at why sharing the bed with an infant is not a consistent risk factor for cot death in ethnic subgroups in New Zealand.

Researchers found that, compared with infants not exposed to either of these risk factors, the relative risk of sudden death of infants among mothers who smoked was almost four times greater (3.94) for bed sharing in the last two weeks of life and 4.55 for bed sharing in the last sleep.

Neither the mother's alcohol consumption nor the thermal resistance of the infant's clothes or bedding interacted with bed sharing to increase the risk of cot death. Alcohol alone was not a risk factor either.

The authors concluded that the interaction between maternal smoking and bed sharing suggests that a mechanism involving passive smoking, rather than the previously proposed mechanisms of overlaying and overheating, increases the risk of sudden infant death.

They warned that countries and cultures where bed sharing is common and the prevalence of maternal smoking is low could experience increases in cot deaths if the prevalence of smoking among mothers increases in the future.

Their findings for babies of non-smoking mothers were inconclusive.

Overall there could be an increased risk for these babies if they share the bed for more than five hours a day, but this needs to be balanced against the possible benefits from bed sharing such as longer continuation of breastfeeding, improved bonding and better sleep patterns.

But they admit that their results for this group need confirmation by other studies.

Prozac is first billion dollar CNS drug

Prozac, the anti-depressant from Eli Lilly, is the first billion dollar selling drug in the central nervous systems market, says a market report from Datamonitor.

Prozac, one of the new class of anti-depressants — the selective serotonin reuptake inhibitors (SSRIs) — is significantly ahead of the other top selling anti-depressants.

Pamelor (nortriptyline), the second best seller, has sales of \$200 million. Pfizer launched their SSRI sertraline, branded as Zoloft or Lustral, in 1991 and it is now the third best seller, with sales in 1992 of \$195m. Seroxat (paroxetine) from Smithkline

Beecham achieved sales of \$53m in its first year.

More than nine million people worldwide have taken Prozac, about half of them in the US. In Britain, it is estimated that there are half a million users.

In 1991, the number of prescriptions for Prozac fell by about 20 per cent after the Church Of Scientology claimed that Prozac could cause suicidal and violent behaviour. These claims have since been investigated and rejected by the Food and Drugs Administration (FDA) in the US and the Committee on Safety of Medicines here.

Smoking cessation patches have also entered the top 20 CNS drugs list.

Nicotinell, the world's best selling nicotine patch, is now the third best selling CNS drug with sales of \$440m in 1992. Marion Merrell Dow's nicotine patch is ninth with sales of \$217m.

According to Datamonitor, 1992 may prove to be a peak year for nicotine patches, and they forecast that smoking cessation products will slip down the rankings over the next few years to more realistic levels.

• *World Central Nervous Systems Markets* (£695) from Datamonitor. Tel: 071-625 8548.

The Verdict



Not all mouthrinses are the same!

Many mouthrinses freshen breath. Some contain fluoride to protect against decay. Plax does more.

A long term clinical trial just published in the British Dental Journal shows that Plax reduces plaque - by 24% overall and by 50% in difficult to reach areas. British dentists can recommend Plax to their patients with confidence.

We are also advertising this fact to consumers in a new TV and Press campaign. So be sure to stock up with Plax in time for the sentence:

"A bottle of Plax, please!"



PLAX - CLINICALLY PROVEN TO REDUCE PLAQUE



For further information call Michael Bealing, Business Development Manager, Colgate-Palmolive on 0483 464649

Counterpoints

Fabris Lane put on trio of shades for Summer

Fabris Lane, creators of the best selling Samco sunglasses brand which has just been sold to distributors Kitty Little, have produced three of their own ranges of sunglasses.

The ranges, which are called Fabris Lane, Fabris Lane Etalia and Fabris Lane Etalia Sports, are being marketed as quality, high fashion ranges which will sell at affordable prices.

At the premium end, Fabris Lane are hand-made glasses, which will retail from £39-£80; the Fabris Lane Etalia is pitched at the mid-market, priced from £11.50-£49 and Fabris Lane Etalia Sports sell from £16.50-£49, with accessories from £1.95-£22.50. **Fabris Lane. Tel: 0372 742417.**

Get well soon is Seven Seas' Winter message



"Feeling off colour?" is the title of a consumer leaflet for Seven Seas vitamin and mineral tonic.

The leaflet gives tips on how to speed up recovery from illness, avoid picking

up infection, eat more healthily and exercise suggestions.

Further support for the brand includes an advertising campaign, with the slogan "Get well

soon", running in magazines and newspapers until the end of March. A PoS till wobblers, featuring the new 150ml size bottle, is also available. **Seven Seas. Tel: 0482 75234.**

Christmas closures

Cox Pharmaceuticals say that their last order date for Christmas delivery is December 21. They will be open for business on December 30, 31 and then from January 4.

Rhone-Poulenc Rorer's deadline for Christmas delivery is December 13. The offices will be closed on December 24, 27, 28 and January 3.

Ultrapharm, makers of Lifestyle gluten-free products, will be closed from December 22 until January 5. Last date for pre-Christmas delivery is December 17.

William Ransom will be closed from 12.30 on December 24 until January 4.

Lederle Laboratories will be closed from 12.30 on December 24 until January 4. Last order date for delivery before Christmas is December 17.

Parke-Davis offices will be closed for business on December 24, 27, 28 and January 3.

Television first for Summer's Eve Wash

E.C. De Witt have received the go-ahead to broadcast the UK's first feminine hygiene television commercial for their Summer's Eve Feminine Wash product this Winter.

The £920,000 campaign begins next January with

the tagline "For women only".

This will be backed up with leaflets and point-of-sale material for pharmacists. For details contact Elaine Toms in customer services. **E.C. De Witt. Tel: 579029.**

Rimmel lipsticks with added water

Rimmel is the latest company to use water in lipstick for its moisturising properties, with the launch of Aqua Silk Lipcolour into their Rimmel Silks range.

The lipstick is being marketed as "skincare" for lips, say Rimmel, and the formulation combines water, glycerine, panthenol, vitamin E and silk protein. Giving a soft, dewy finish, Aqua Silk (£3.75) comes in a choice of ten shades, ranging from scarlet to peach.

Also new for lips is Perfect Lasting Lip Definer (£2.45), a double-ended lip lining pencil with a lip brush. It comes in Rose Satin, Warm Cashmere or Damson Velvet shades.

The two products will be supported by a national television campaign. **Rimmel Intl. Tel: 0233 625076.**

Self-select remedies with New Era

New Era are launching a self-selection display pack of their homeopathic products and have repackaged four of their Combination remedies.

The products Combination J, B, K, E and H will be available in a display unit containing three of each variant and a leaflet dispenser. **Seven Seas. Tel: 0482 75234.**

Bold design for Minadex

Mindalex Chewable Children's vitamins have been relaunched in new-style packaging by owners Seven Seas.

On-pack graphics feature the Mighty Mindalex character, on a background of bright orange, yellow and blue colours for greater impact on-shelf. The tubs will now be packed in cartons. **Seven Seas. Tel: 0482 75234.**

Jerome spray helps thinning hair

Spray On Hair Colour Thickener from Jerome Russell is designed for men and women who wish to disguise thinning hair.

The spray (£4.99) comes in a choice of black, dark brown, medium brown, brown/ blonde and silver/grey. It is designed "for people with a little

hair which they brush over the bald part".

Jerome Russell say that, after application of the product, the hair will then appear fuller and thicker, with the bald areas disguised.

The product can be washed out easily with shampoo. **Jerome Russell. Tel: 081-478 7771.**





The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and denture stomatitis.

They know that **Corsodyl's** active ingredient, 0.2%[†] chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands. Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

CORSODYL

chlorhexidine gluconate

No Gingivitis. No Contest. No wonder dentists recommend it.

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/w chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to teeth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** 'Corsodyl' Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. Legal Category P Date of last revision March 1993. *Source: Milpro Independent Research, 1992. [†]Corsodyl Dental Gel contains 1% w/w chlorhexidine gluconate.



SmithKline Beecham
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TWB 9BD, UK. Tel: 081 560 5151

• a leading authority on oral hygiene.

Round-the-clock protection against nicotine withdrawal symptoms



[®] Nicotinell transdermal nicotine

Many smokers are all lit up even before they've had their breakfast - 52% of them say they usually have their first cigarette of the day within 30 minutes of waking. NICOTINELL is specially designed as a 24-hour patch to help prevent cigarette craving first thing in the morning.

It needn't be hell with Nicotinell

*NICOTINELL TTS Prescribing Information

Presentation Transdermal therapeutic system containing nicotine, available in 3 sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indication** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage** Stop smoking completely when starting treatment. For those smoking more than 20 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with

each size. Doses above 30 cm² have not been evaluated. The treatment is designed to be used continuously for 3 months but not beyond. However, if still smoking at the end of the 3 month treatment period, further treatment may be recommended following a re-evaluation of the patient's motivation. **Contraindications** Non-smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during pregnancy and breast feeding, and in acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, skin

disease preventing patch application and known hypersensitivity to nicotine. **Precautions** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. Keep out of the reach of children at all times. **Side-effects** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reaction at application site (usually erythema or pruritus) and sleep disturbance. See data sheet for details. **Legal**

category P. Packs NICOTINELL TTS 10 (PL0001/0173) in packs of 7 patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of 7 patches, trade price £8.64, retail price £15.22. NICOTINELL TTS 30 (PL0001/0175) in packs of 7 patches, trade price £9.07, retail price £15.99. ® denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex, RH12 4AB. Telephone (0403) 272827. **Date of preparation** Sept. '93 © Ciba Pharmaceuticals 1993

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Actifed:	CAR, G
Alka Seltzer:	All areas
Badedas:	C, A, LWT, M
Beechams:	All areas
Benylin:	All areas
Duracell:	All areas
Ibuleve:	A
Lil-jets:	C, A, LWT, CAR, BskyB
Nicotinell patch:	All areas
Oruvail gel:	All areas
Panadol Ultra:	GTV
Sanatogen:	C, A, TVS, LWT, C4, GMTV
Seven Seas Cod Liver Oil:	C4
Slim-Fast cans:	All areas
Tixylix:	All areas
Togs:	GMTV
Zoflora:	C, C4, G, Y, HTV, TT
Zovirax:	All areas except Y, CTV, TT, C4, GMTV

Savings from Unichem

Winter discounts for Unichem customers include Benylin 300ml at £30.94 for 12, with Goldpartners getting it for £30.63.

Savlon cream 15g is on offer at £5.40 for a pack of 12, and Nurofen 12s are offered at £15.56 for a pack of 24. Milupa infant foods are on offer at £15.09 for a pack of 12. Goldpartners get further reductions. **Unichem. Tel: 081-391 2323.**

Allergan support Refresh

Refresh ophthalmic solution, designed for a variety of eye irritations, is to be promoted by a nationwide Press and PR campaign this Winter as part of a £500,000 support package for the brand. **Allergan Ltd. Tel: 0494 444722.**

Efamol on call

The Efamol evening primrose oil helpline is being extended, with a new dedicated number to handle an increasing number of calls. **The new number to call is 0483 570248.**

Philips awards

Philips products picked up two prizes in the New Woman Beauty Awards for their Touch 'n Dry hairdryer and Satinelle epilator. Touch 'n Dry is being supported with a £5 cashback promotion from now until Christmas Eve. **Philips DAP. Tel: 081-689 2166.**

Snappy gifts

Worth Photos are offering customers free Christmas cards with any order for ten or more 4in reprints and a free calendar with every 5in enlargement. With every set of extra prints ordered at time of processing, customers will get a free film. **Worth Photos. Tel: 0535 655582.**

Free t-shirt

Braun are giving away Nigel Mansell/Newman Haas t-shirts with all purchases made from their

Action Line range of shavers in the run-up to Christmas. **Braun. Tel: 0932 785611.**

Seal of approval

Philips have won the approval of the British Dental Health Foundation for their HP5211 electric toothbrush. The brush will now carry the "BDHF Approved" logo on the box. **Philips DAP. Tel: 081-689 2166.**

Roc on the cover

The picture on our front cover last week (November 20), under the heading "Cosmetics under the spotlight", was courtesy of Roc.

First baby of '94

Farley's are once again running the First Baby Award, for the first baby born in the New Year. This year the prize is £1,500 plus a bumper pack of Farley's weaning products. In addition, £500 of baby care equipment is awarded to the maternity unit responsible for the winner's delivery. **Crookes Healthcare. Tel: 0602 507431.**

Letters

Hamilton's put the case for Numark membership

Since 1981, John Hamilton (Pharmaceuticals) Ltd has been a Numark wholesale member and currently serves 196 Numark members in Scotland.

Immediately following our acquisition by Lloyds Chemists plc, discussion took place between ourselves and Numark executives, at which time we clearly stated that the Hamilton's business would continue to operate from the same site, with the same management team, and it was our wish to retain the Numark franchise.

On Wednesday, November 17, we were informed by Terry Norris of Numark that: "It is not in the interest of Numark for John Hamilton (Pharmaceuticals) Ltd to remain a member. It has therefore been decided to terminate correspondence with you."

Further news was published in C&D circulated on Friday, November 19, when it was announced by Numark that Unichem had been appointed as distributors for Numark product in Central Scotland. These decisions have been taken while Hamilton remains a Numark member and while we believed that discussions on Hamilton's membership were on-going and subject to a Numark

shareholders' meeting.

Hamilton's have long prided themselves on the quality of service given to independent pharmacists and, for the past 12 years, have been significant participants in the Numark group. We are extremely disturbed and disappointed that Numark should take these sudden and arbitrary decisions, without completing a full round of discussion with us, and without the courtesy to inform us of their decision to make alternative arrangements.

It now transpires that they expect us to continue to supply Numark product and services until our membership is officially determined, which will take place at an extraordinary general meeting on December 10.

We would like to take this opportunity of assuring Numark members that Hamilton's will honour their obligations to them until such time as our wholesale membership is determined.

While we find Numark's pre-emptive actions (taken before a shareholders' vote) hard to justify, we still believe that it is in the best interests of our Numark retail members and Numark as a whole for Hamilton's to remain a Numark wholesale member. Should any Numark retail or wholesale members agree, I would ask them to communicate their views to Numark before the final

decision is taken on December 10.

Should we, however, be summarily expelled from Numark, Hamilton's will take steps to provide suitable Barclay Enterprise alternatives to all our Numark members and shall expand the opportunities and services available to our independent retail pharmacist customers.

Stewart MacPherson

John Hamilton (Pharmaceuticals) Ltd, Glasgow

Bit of a blow if you're not on the ball

I read with interest the letter from Peter Armstrong (C&D November 20 p922) calling for a high-profile negotiator at the Pharmaceutical Services Negotiating Committee. May I suggest two people who are, in my opinion, eminently suited to the role.

Top of the list must be Frank Bruno, who strives to the summit but always falls with a bang: "Yeah, Harry, we want an increased global sum, payments for additional services and ... ouch! That was below the belt, Virginia!"

If Frank falls in the first round, we could try ex-England supremo Graham Taylor on our side: "What we need, Jimmy,

is a strong team, discipline, a will to win, the run of the ball and ... come on, ref! Bottomley was miles offside!"

Well, they can't do any worse, can they?

I. D. Clark

Weston-super-Mare

A frosty reception

Following the recent comment concerning charitable requests, allow me to share an incident in my pharmacy.

A woman customer collected her prescription and apologised for being unable to pay the £8.50 charge until later in the week. She had no money as she had used her cash to pay the window cleaner.

As I was pondering how many other tradesmen were ahead of the lowly-rated pharmacist in this woman's order of importance, she asked if I would contribute something to the raffle she was organising for the local school fete.

Agreeing to find her something, I ventured to ask what the window cleaner was donating! The look I received in reply would have frozen the water in the cleaner's bucket!

Robin Good

Alesford, Hants



An increased number of community pharmacists attended the United Kingdom Clinical Pharmacy Association's symposium held in Blackpool last weekend, and the Association is keen to attract still more. C&D reports the highlights of the event

Double-edged sword of community practice research

Involvement in practice research can be a mixed blessing for a community pharmacy, according to Noel Dixon of the Dixon & Spearman chain based in Newcastle-upon-Tyne.

Involvement of one of the chain's managers, Greg Moorhouse, in work for the UKCPA's 1992 Evans Award on reviewing compound analgesic use, was accompanied by a positive change in the NHS business side. But time spent away from the pharmacy while undertaking the research was time away from developing the front of shop business, which appeared to have suffered at the same time.

Mr Moorhouse, who manages one of the company's five branches, explained that the study involved interviews with 91 patients identified from patient medication records as chronic users of compound analgesics such as co-proxamol, co-codamol, Solpadol and Tylex. The research identified serious gaps in patient knowledge and

widespread poor compliance.

Twenty five patients did not know what the products had originally been prescribed for, and more than 54 per cent did not take them as analgesics. "Mild night sedative" was the most common stated use.

Given this poor understanding, it was perhaps not surprising that Mr Moorhouse further discovered that most patients took no more than four tablets a day, regardless of prescribed dosage, and that a large proportion said they gained only minor pain relief or no pain relief at all from the tablets.

More worryingly, Mr Moorhouse found that 20 of the 91 patients had purchased OTC paracetamol products, and a further 16 had OTC cold remedies which contained paracetamol in their medicine cabinets. He also discovered that 16 patients had two or more repeat prescription quantities in hand, excess quantities calculated as worth £82.

Summarising questions raised

by the research, Mr Dixon asked whether the level of compound analgesic prescribing identified in the study was justified: "In sorting out these problems, there would be large financial savings for the NHS."

Information such as PACT data did not consider the patient aspects.

"These are people who spend only a small amount of time as patients," said Mr Dixon.

"Pharmacists are often operating at the limit of a patient's knowledge."

"The information given is not seen as a fundamental truth, and is altered to fit the patient's own understanding of problems."

Award change

Increasing involvement of community pharmacists in the UKCPA has prompted a change to one of the awards made at the symposium.

The Glaxo Award, made for the best community pharmacy practice research presented, will now be made to the community pharmacist presenting the best research, rather than any person working in the field.

Some 25 community pharmacists were among 300 attending the symposium, held at the Imperial Hotel, Blackpool, last weekend.

The Association is keen to expand interest among community pharmacists, and has appointed Boots' Bradford-based teacher/practitioner Ian Smith and Nicola Gray of Moss Chemists to investigate how to raise the UKCPA's profile and attract new members.

Loyalty is the basis for greater role at interface

Loyalty to one community pharmacy by most patients could provide the basis for a greater role for pharmacists in the management of medicines across the primary/secondary care interface.

In a presentation which won him the Glaxo Practice Research Award, John Sexton of Fazakerley Hospital, Liverpool, told the symposium that there is great room for improvement in the transfer of information to avoid failures in the

provision of "seamless care".

In a study designed to identify problems experienced by 68 patients in obtaining and using their medicines following discharge from hospital, Mr Sexton found that copies of take home medication prescriptions took a mean of 5.45 days to reach GPs. In 17 out of 59 cases (28.8 per cent), the discharge letter differed from the TTO prescription.

Some 56 patients had been

visited around a fortnight after discharge. To the 245 items supplied as discharge medication, ten items had been added, 24 restarted, seven changed and six stopped. Overall, 32 patients (57 per cent) had a problem which would have merited a clinical pharmacy intervention in hospital.

• Community pharmacists and GPs expressed support for the concept of a pharmacy discharge care plan in another study conducted by David Binyon and Andrew Radley of Ryhope General Hospital in Sunderland.

Their study was based on 45 patients who were discharged from Ryhope with a pharmacy care plan — an A5 leaflet containing information on admission, drug therapy changes, indication of probable compliance and so on — sent to their GP and community pharmacist.

Some 93 per cent of the GPs replying to a questionnaire said the information in the care plan would definitely (48 per cent) or possibly (45 per cent) reduce problems with prescribing continuity. The same proportion of GPs agreed that pharmacists were in a position to provide information on medication changes.

Pharmacists in the survey were asked whether the information in the leaflet could improve their contribution to patient care. Some nine of them (41 per cent) said a lot, 12 (55 per cent) said a little and one said not, although agreed that it would be a useful reference source.

GPs and pharmacists encouraged to talk more

Importing a hospital pharmacy clinical model to community pharmacy can encourage discussion between the pharmacist and GPs, and provide an opportunity for pharmaceutical skills to influence patient care, said Sally Donaldson of the Pharmacy Practice Unit at the University of Sunderland.

For a three-month period, prescriptions dispensed in a health centre pharmacy were monitored retrospectively. Patients' notes were examined to identify prescriptions which required discussion with one of the three prescribers in the study at a weekly meeting.

During this time, 354 interventions (covering 7 per cent of items) were made. On 216 occasions (61 per cent), the advice was accepted and the prescription changed. In a further 87 cases (24 per cent), the advice was accepted but no immediate action was taken

owing to the retrospective nature of the study.

On only 33 occasions (9 per cent) was the advice not accepted, and these mostly occurred when special circumstances, such as consultant-led prescribing, applied.

Over the quarter, the practice's prescribing costs, which had been 2 per cent above the FHSA average, fell to 9 per cent below.

In a follow-up, intervention rates were down to 3 per cent, which Ms Donaldson said showed the durability of some of the advice. But she added that the most important outcome of the study was that it encouraged discussion between pharmacists and GPs about clinical skills, with an opportunity for pharmaceutical skills to positively influence patient care.

The study won the Martindale Poster Award.

Dispensing GPs prescribe fewer generics

GPs who are low generic prescribers are likely to be in small, single-handed or dispensing practices, according to research by Gwent Family Health Services Authority, designed to help define a strategy to promote rational generic prescribing.

Saran Braybrook told the symposium that fundholding GPs tended to prescribe more items generically, at 45 per cent overall. Practices in the year before fundholding prescribed 40 per cent of items generically, while the figure for dispensing practices was 33 per cent.

Ms Braybrook said: "The more dispensing patients on the list, the lower the generic prescribing."



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10

DECONGESTANT CAPSULES
Pine, Cinnamon and Menthol

RPA regroups for local provider challenge

The Rural Pharmacist Association has elected new officers, amended its constitution and adopted a mission statement to help it face the challenge of providing rural pharmacy services within the new-style Health Commission structure, which will identify local patient needs and seek local solutions. The RPA annual conference and AGM heard first-hand visions of local service in 1995

The "tin box" mentality of dividing up the money available for local health needs has been thrown out in Dorset, according to Ian Carruthurs, chief executive of the Dorset Health Commission. Instead, local health priorities will be determined first, based on the needs of patients not on those of the professional providers, and then the cash will be found to meet patient needs.

The RPA conference heard how, for a year, Dorset Family Services Authority and the Health Authority had combined to run as one entity. The plan was that the new Dorset Health Commission would save £1 million in administrative costs in its first year with just one building, one plan and one set of priorities.

Although the Health Commission was not yet a legal entity, the FHSa and the HA had agreed to subsume their powers where the Commission had a greater requirement, Mr Carruthurs said.

Winds of change

In the past, local health matters had suffered from "complete professional capture", with the system satisfying the needs of the professionals rather than patients. It is now a case of "what do the consumers want and how can the professionals supply them?" he said.

High value for money services would be needed in the future, but not necessarily supplied through the public sector. Health Commissions would agree local contracts with providers: "Money will follow patients."

Inefficiencies were embedded in professional habits of a lifetime and tended to be protected by those professionals.

"That includes you!" Mr Carruthurs told the conference. Professionals must now search for continuous improvement, with the NHS moving into a patient-oriented climate with suppliers rewarded for what they achieve.

Mr Carruthurs said it was ludicrous that the bulk of NHS funding was not available for primary care, that it got the 10 per cent left when every one else had had their share. Now that health authorities were shedding responsibility for secondary hospital care, primary community care could be developed.

Cosy working relationships would go in the new-style local structures. People should no longer be afraid to take decisions and exercise choice.

While professionals, including pharmacists, would remain independent, the system would be managed through individual performance-related contracts.

Patients needed access to health services, irrespective of where they lived, Mr Carruthurs said, but that did not mean health businesses would be kept going at any cost.

The profession was facing cash-limited margins and a "fairly negative future in the long-term", particularly as no-one seemed to be "shaping and facilitating" pharmacy.

But pharmacy was the primary care focus of the future. In the past, local statutory authorities had paid little attention to pharmacy, apart from the notice it had attracted through "appeal mania" and "rule and regulation minding".

Far too many pharmacists

were proprietarily dependent on their GP practice and, while wanting to be a professional equal, had been afraid to cause an upset. Mr Carruthurs said he did not believe that the best place for a pharmacy necessarily was next to a surgery — like "bees round a honeypot".

The need today is to maximise the potential of pharmacists in the local community to promote better health, rather than to be simply sellers of products. But the present NHS fee structure was geared to rewarding pharmacists for handing products over to consumers rather than for giving advice. Neither GP surgery nor pharmacy should be the "port of call" for income generation.

Pharmacists of the future would be equal members of the healthcare team, but they would contract for services;

there would be no grace and favour.

More postgraduate education is needed together with training for specific roles for pharmacy staff.

Mr Carruthurs said he believed the pharmacy network is the most efficient healthcare briefing system available. Dorset had pharmacies available to give healthcare message in 138 different locations. And if that pharmacy advice was not taken up, the pharmacist should get a fee.

Dorset is setting up an accreditation scheme for pharmacies to be implemented in 1994.

"It will set standards for practice and, by definition, determine a set of preferred providers for contracts," he said. "We don't want to be associated with substandard practices."

In rural areas it was possible that pharmacies could go the same way as village schools and pubs because there was little opportunity to diversify. Most people could get one or two miles to a pharmacy but not further without their own or public transport.

National framework

Mr Carruthurs envisages a nationally laid down framework for pharmacy services, setting minimum standards and with local flexibility exercised by the purchasers.

Premises would be more attractive. GPs would become more commercial and pharmacists more professional while having the benefit of GP-like cost cover schemes.

"There won't be as many of you — that will be the price you will pay," he said. Pharmacists should not hang on to their independence to the point that they did not exist: "Adjust, because no-one will come to your rescue."

Pharmaceutical care of the future would not necessarily be supplied through pharmacies but through pharmacists in GP practices. Dispensing doctors would have to be brought up to pharmacy standards and, for rural pharmacies/practices, there would have to be control of exit to match control of entry.

Pharmacists and pharmacy had a major contribution to make to primary healthcare but the time to act was now, while fundamental local and national shifts were taking place or "forever be lost".



Ian Carruthurs (left), chief executive of one-year-old Dorset Health Commission, presents his paper to the Rural Pharmacist Association, while its new chairman Peter Curphey takes notes

Curphey new RPA chairman

Former Royal Pharmaceutical Society Council member Peter Curphey has been elected chairman of the Rural Pharmacist Association.

Immediate past-chairman Jack Knight stood down and is now vice-chairman. Dennis Millington is the new secretary while Stanley Bubb continues as treasurer.

The annual meeting last Sunday afternoon, which followed the annual conference, heralded a change of direction for the RPA, with the adoption of a mission statement and a ten-point plan (C&D November 13 p836) with constitution amendments.

Mr Curphey told *Chemist & Druggist* that the constitutional changes meant the RPA could be run rather more easily by committee than through its

former Council structure. The mission statement indicates a desire by the RPA to co-operate on matters of common interest with other organisations such as the Young Pharmacists Group and the Pharmacy Support Group.

● **Mission statement:** "The RPA exists to promote the interests of pharmacists practising or wishing to practise in a rural setting, and to promote the value of a full pharmaceutical service being provided to all patients by pharmacists."

"To that end, the RPA believes that it should act in co-operation with any organisation which has as one of its aims the protection of the interests of small contractors, or of young and aspiring small contractors."

Report continued on p960

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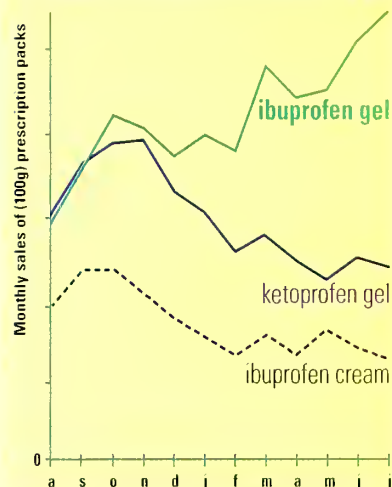
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PAIN RELIEF WITHOUT PILLS

Entry control to stay in simplified form



Melvyn Jeremiah, under secretary at the Department of Health, addresses 30 rural pharmacists after the RPA annual dinner. The RPA is around 250-strong, plus all the associates from the 15 local pharmaceutical committees in associate RPA membership

Control of entry to NHS pharmacy will not be included in the deregulation bill to be published shortly, but the Government will look at simplifying regulations for applicants and authorities.

Melvyn Jeremiah, under secretary at the Department of Health, told the RPA that its ideas would be welcome and added to those from the Royal Pharmaceutical Society and others.

"I hope the Department will be able to bring forward its proposals for consultations, probably in the early months of the New Year," he said.

Turning to dispensing doctors, Mr Jeremiah said discounts available on purchased medicines were under review: "My colleagues in the NHS Management Executive are considering what further steps might be necessary to ensure that dispensing doctor arrangements give value for money."

"We shall be looking to see how arrangements for dispensing in rural areas might be made to work more satisfactorily."

Community pharmacy is a profession that has not always been its own best advocate. Mr Jeremiah suggested that recently it had yelled at its adversaries in a reflex action to whatever proposals were put forward.

Nevertheless, he said that, despite the level of the pay

settlement, he did not believe "... the direction in which we are heading within community pharmacy will clash with the aspirations of the profession".

But the profession seemed to be unsure of the general direction in which it wants to go: "Some want to become fully-fledged healthcare professionals within the NHS and others are more concerned to maximise their retail sales."

Reflection

The constant demand for additional resources in a time of recession; the call for a stronger primary care team role, while apparently at loggerheads with the GPs; and the recent demands for strengthening of control of entry regulations, when Government was busy deregulating, all suggested that there was a need for reflection as well as rhetoric, and for constructive debate rather than confrontation, he said.

Pharmacy had a formidable ally in the Health Secretary with her family pharmacy ties: "I can tell you she remains committed to ensuring that pharmacists maintain and develop their key role as cost-effective, front-line providers of healthcare."

He said there was a desire in Government to encourage all pharmacists to raise their performance to the levels of the best, in a dispensing service that ensures access for patients and gives the taxpayer value for

money. He cited the Public Accounts Committee's suggestion that pharmacies set up in inner city housing estates.

"I am sure you would add a need to set up in outlying areas or where the population is widely scattered. That is why we want to give local health purchasers a greater say in the provision of pharmacy services so that they can reflect local needs in funding decisions."

Point taken

Mr Jeremiah said one of the points in the RPA's new plan would be taken into account as guidance was drawn up for the involvement of family health services authorities in purchasing services: "That there should be a collection and delivery service as a matter of course in remote and difficult locations."

Commenting on the upgraded Essential Small Pharmacy Scheme, Mr Jeremiah said its strength was its simplicity compared with control of entry regulations, but further changes would be made if they appeared desirable.

On standards, Mr Jeremiah said there was no suggestion that they were low: "Quite the opposite, which is why ministers are committed to making fuller use of the pharmacists'

professional skills in a wider health service.

"But we do think pharmacists should have the same opportunities as other professionals within the NHS to maintain and improve their professional standards; and that the pay system should recognise in some way where those standards are being met."

Precisely how the concept of the professional allowance fitted in with the concept of local budgets will be a matter for discussion with the Pharmaceutical Services Negotiating Committee, Mr Jeremiah said. "However, it is an important first step in reflecting in the fee structure the best of modern pharmaceutical practice."

Now was the time for pharmacists to demonstrate to local NHS managers that he or she is an important member of the primary healthcare team, and a cost-effective provider of health services: "It is precisely this sea-change in attitudes towards the profession that local budgets are intended to bring about."

The services from which FHSAs would be expected to select will be set out in national guidance — a sort of menu of choice for locals supplied by around 20 per cent of the global sum.

Curphey and PSG chairman have their post-prandial say

If Melvyn Jeremiah thought he would have the floor to himself when invited to address rural pharmacists after their annual dinner, he was mistaken.

RPA chairman-in-waiting Peter Curphey, introducing Mr Jeremiah to a select audience, made one speech and slipped in another while introducing Pharmacy Support Group chairman Hemant Patel as the under secretary sat down.

Points made by Mr Curphey included:

- the basis of rural (and urban) pharmacy is gradually being destroyed by GPs motivated by greed
- the difficulties faced by small contractors post-imposition should not be "tossed aside"
- a Government determined to restructure the profession without any real attempt to get agreement displays arrogance and contempt
- rational distribution could be attained at minimal cost via market forces, an ESPS locally defined and financed, and the eradication of "amateur medicine supply services".

Mr Patel said he had come to show solidarity with pharmacists in rural areas: "Your numbers may not be large but, as independents are

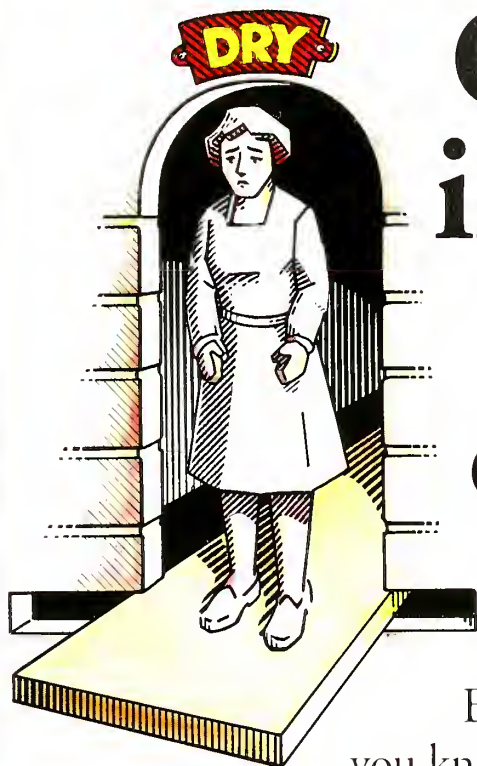
squeezed out from the towns and cities, rural areas offered the only hope for many aspiring pharmacists."

Other matter addressed by Mr Patel included:

- the pay imposition will affect the most vulnerable in pharmacy, resulting in socially irresponsible effects
- while not seeking conflict, pharmacists would stand by imperilled colleagues
- a sense of belonging, recognition and security was important in determining morale and productivity
- pharmacists will take on new responsibilities, be creative and do worthwhile things well if treated justly and fairly
- changes and increased efficiencies are fine if they are not introduced in a way that offends human dignity
- the 300 per cent increase in NHS administrators showed the burden of running an internal market using purchasers, providers and contracts, with funds diverted from patients to bureaucrats. Pharmacies were set to close while numbers of "negotiators" would increase
- since 1987, pharmacy contractors had seen a real-term decrease of 37 per cent in pay.

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The local pharmacist of today is a different person to the ‘traditional’ mould. In recent years, the world of pharmaceutical medicine has changed practically beyond all recognition. The speed at which new treatments and medicines are being developed is sometimes breathtaking – and the modern pharmacist has to take on a variety of roles in order to make a success of what has essentially become a ‘business.’

Add to this, the fact that a vast number of pharmaceutical products are available from a growing number of non-pharmacy outlets – with competition on a scale never before experienced – and the result is that pharmacists, now more than ever, need the support and guidance of their wholesaler.

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built over the years on the experience and the know-how to simply do things better, it seems, than anyone else.

Whatever aspect of the company, or the service you look at, you find reasons why you’d choose it over any other pharmaceutical wholesaler. From the way that they’re completely accessible to all their customers, all the way to the top...to their unique LINK computer ordering service ... and the sheer wealth of help and advice they offer.

Amazingly enough, they even welcome help and criticism. They realise that there’s no such thing as perfection. Things sometimes go wrong. Where AAH scores over others, though, is that they move heaven and earth to put things right immediately. No wonder their customers sing their praises.

In the words of Managing Director David Taylor “Our job is very simple. To give pharmacists as much help as possible, to enable them to offer a high level of service to their customers – with excellent quality, value for money products. Of course, it sounds easy when you say it like that – and if it were really easy, everyone would be doing it. Over the years, we’ve worked hard to put the attitude and systems into place to help our customers succeed with their businesses. Whether it’s a friendly voice at the other end of the phone, an instant ordering service, or a level of support that’s truly unique!”



Elsewhere in our series of interviews, we have given voice to owner – pharmacists who enjoy the many benefits of the AAH Pharmaceuticals/Vantage Scheme. Here is a story told from a different angle – that of the Manager – Pharmacist.

Not far from the Sherwood Forest of Robin Hood, and around 5 miles from his local AAH Pharmaceuticals Warehouse, David Cooper manages a busy pharmacy. This is his story:

How long have you been a pharmacist?

Let's see ... this year will be my 25th year as a pharmacist. August 29th, 1968. Good heavens – I didn't realise, 1993 is my anniversary. Is 25 the silver one? Amazing. It's a quarter of a century – and I know it probably sounds corny – but it just seems like yesterday!

And how long a manager?

I've always thought of myself as a pharmacist first and foremost – and a manager second. I've managed this pharmacy for around a year now. Before that, I managed a pharmacy in Brentwood, Essex.

Wouldn't you rather own your own pharmacy?

Definitely not. Managing gives me the best of both worlds. It allows me to have a strong say in the day-to-day running of the pharmacy. But at the same time, it doesn't tie me down with the real heavy business side of things. So I can get on with giving the customers a better, more personal service.

What are your main responsibilities?

Well, since I've been here, most of my efforts have been involved in building up the NHS business.

However, the OTC side is very much like a marriage of both the owner's point of view and mine. I keep saying business, and that's what it is. It has to be looked at as a business or else we simply wouldn't survive.

However, both the owner and I are very keen on the idea of a **community** pharmacy. That means we are a real source of information and help – not simply somewhere to go to get a prescription filled or to buy toiletries.

I enjoy being someone with a scientific training, out in the community, with the opportunity to keep customers and patients informed and more aware. I enjoy being a friendly face at times when they might need someone who simply wants to help.

It's very important to me to have an owner who is sympathetic with my own ideas and view of the kind of service I like to offer. I'm delighted to say that, in my present position, I have the good fortune to have an owner who supports me all the way.

It's a very sensible way of doing things.

How long have you enjoyed the service of AAH Pharmaceuticals?

Oh, I've been involved with them for about 5 years. I used them in my previous employment and I found them to be a very friendly, helpful firm. A human face. It's a welcome change to some other companies I could mention (but won't). When I moved here and took this position, I was delighted to find my local branch as friendly as the one down south.

What do you think of the delivery service?

It couldn't really be better. Our local Nottingham AAH Pharmaceuticals warehouse is only about 5 miles down the road. We have around 2 deliveries a day and even then, if we have a panic on, we can usually make sure of an even faster delivery. That's a great help. Even if we order before we close (which is 7.30pm), we can usually get a delivery first thing in the morning.

It's wonderful to be able to depend on that.

When it comes to value for money and quality, what do your customers think of Vantage branded goods?

Quality is obviously important – but I would say that in this area, price is even more so. It's also very definitely true to say that Vantage do give a very good quality product for a very good value for money price!

What about the LINK Pharmacy System?

Well, the LINK computer system is excellent. I was brought up with another system – but I think that LINK is now far superior. I'm not computer literate at all, but I find it very easy to use – and very helpful. We have someone in the shop who has a degree in computer programming. AAH Pharmaceuticals are very understanding – we have tailored the software to suit our own needs and they've bent over backwards to help. The hotline service is worth its weight in gold. All LINK software is updated by disk every month, with all the new prices and interactions already on it. We simply feed it in.

In fact, I'd go so far as to say that having the LINK ordering system, combined with having the warehouse so close, and AAH Pharmaceuticals policy of helpfulness and service quality, all reflect on my competence and my ability as a pharmacist in the eyes of my customers. The more help I can give them, the more they trust me, and the more they listen to my advice. I firmly believe that a positive attitude like this can really affect the way a customer thinks and feels in a beneficial way!

It would be difficult – if not impossible – to manage all this, without the help of AAH Pharmaceuticals.

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AAH Pharmaceuticals has spent years building up a unique understanding on not just some but all the needs of the modern pharmacist. Everything they do is geared towards helping to offer a caring, friendly, better quality service to all their customers. They do this on TWO levels. Level 1 comprises the day-in, day-out, reliable wholesale supply of a vast range of quality ethical and OTC products ... combined with a helpful, caring attitude. Level 2 involves a special range of support services available to pharmacists today.

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 **Messe
Frankfurt**

Sacked pharmacist steals a second time

A pharmacist who was sacked from Boots the Chemists for stealing cash went on to steal from a kind-hearted employer who decided to take her on afterwards, the Statutory Committee heard last week.

Elaine Ogg, of 22 East Moulin Road, Pitlochry, Perthshire, was summarily dismissed from the Notting Hill Gate branch of Boots in London on December 31, 1990 after she was caught stealing £60 from a safe.

A year later in December 1991, she took up employment at The Pharmacy at 62 Sydenham Road, Sydenham, Kent, owned by pharmacist Durlabh Singh Rihal after Mrs Ogg told him she had only intended borrowing the money from Boots and was the victim of a conspiracy.

He trusted her enough to place her in sole charge as manager of a second pharmacy he acquired called Makepeace Pharmacy at 264 Kirkdale, Sydenham. But he was forced to dismiss her nine months later.

During September 1992, Mr Rihal went away on a week's holiday and on his return realised the till readings were incomplete and till rolls missing. When he confronted Mrs Ogg, she used various excuses before finally admitting she had taken money from the till.

She repaid Mr Rihal £550, which she claimed was the total amount she had taken over a three-month period, but he estimates the true figure lost could be much higher, said counsel to the Committee, Josselyn Hill. Mrs Ogg appeared before the Committee accused of misconduct in relation to both incidents. She was not prosecuted in relation to either of the alleged thefts.

"She eventually admitted she had taken £50 on a number of occasions over a period of three months. She estimated she had taken about £550 in total and admitted taking some items of stock. She also said she thought she had at least one till roll at home," said Mr Rihal.

He said she paid back in full the £550 and was dismissed, but he decided not to go to the police: "I have not gone to the police because all the evidence that would have corroborated this has been destroyed by Mrs Ogg."

He told the Committee that, following her departure, he made a careful check of the pharmacy's takings and found that they rose by an average of £800 per week.

The hearing was adjourned until a date to be fixed, probably in March next year.

Reprimand for delay in improving dirty premises

A Newport pharmacist who took four years to get his grubby, damp and unkempt pharmacy up to scratch, despite ten inspection visits and three warning letters, was given a severe reprimand by the Royal Pharmaceutical Society's Statutory Committee in London last week.

William Copeland, who has 20 years' experience in the industry, has since spent £140,000 improving his pharmacy at 222 Stow Hill, Newport, Gwent.

The saga began in March 1989. During the ensuing years, inspectors from the Pharmaceutical Society found holes in

the floor and ceiling of the "very dirty" and dusty premises, which was in need of decorating.

Plaster was falling off the walls, there were damp patches and food and wine in the dispensary fridge, the Society's solicitor Josselyn Hill told the inquiry.

Mr Copeland constantly made promises that improvements would be made but, in August 1991, at the seventh visit, an inspector found the only improvement was a lick of paint.

But addressing the Committee, Mr Copeland said he had now spent £140,000 on improvements and an extension. He said

delays were caused because he had been waiting for planning permission and to complete the necessary fire precautions.

Colleen Forge, a Society inspector who had checked the premises recently, told the Committee that all necessary improvements were now completed.

Committee chairman, Gary Flather QC warned Mr Copeland that his name would have been erased from the Register had it not been for the improvements.

He added that if he lets standards slip once more, Mr Copeland could face erasure by the Committee.



Louise Cook, pharmacy assistant at Knight's Chemist in Redditch, was chosen as student of the month after completing the National Pharmaceutical Association's assistants' training course. Louise (left) received her course certificate from NPA branch secretary Dr Gareth Spurgin, watched by pharmacist Mrs A. Ellard. Sponsors Marion Merrell Dow sent representative Philip Roome to present a framed certificate and a £20 gift voucher

Facing up to drink problem

A 43-year-old Warley pharmacist, who went on a drinking binge because he was depressed at the break up of his marriage, was caught driving while more than four times over the limit, the Pharmaceutical Society Statutory Committee heard last week.

Ronald Mills, of 136 Bristnall Hall Road, Oldbury, Warley, West Midlands, spent the evening drinking a litre of wine and three-quarters of a bottle of brandy before driving off to answer a locum call-out at around 7am on June 25 last year.

The Committee heard that police were first called to investigate reports of a man "dead in his car" in Bordesley Green, but found Mr Mills sleeping soundly in the passenger seat.

He was roused by officers at around 11.30am and told them he had decided to take a break because of tiredness. A few moments later they spotted him getting into the car on the driver's side, nearly causing an accident as he carelessly opened the door, before driving off and causing another driver to swerve and brake to avoid him.

Josselyn Hill, the Society's solicitor, told the hearing that when breathalysed the lowest reading was 148 microgrammes; 35 is the legal limit.

At Birmingham Magistrates Court on August 12 last year, Mr Mills pleaded guilty to drink driving and was banned from driving for three years and ordered to pay a fine of £600 with £25 costs.

Mr Mills told the Committee his wife had walked out on him only a few days before the offence.

A decision was deferred for two months pending the completion of a medical report on Mr Mills.

Won back right to practice

A village pharmacist struck off after being convicted of an "unsavoury" attempt to procure a child for sex broke down last month as he won back his right to practice.

Father of two, Satyandraprasad Patel, 42, sobbed as Gary Flather QC, chairman of the Royal Pharmaceutical Society's Statutory Committee, said it had decided to restore his name to the Register.

Mr Flather said "a fine line"

had to be drawn between what was by any standards "a very unsavoury matter indeed" and the current evidence in Mr Patel's favour. These included the fact that he worked in a small community in Caeru Road, Caeru, Maestag, Bridgend, Mid-Glamorgan, a community which "would have the measure of Mr Patel" and, by all the evidence available to the Committee, seemed to have accepted him.

Restored after fraud

A disgraced former member of the Scottish Executive of the Royal Pharmaceutical Society, jailed and struck off after admitting a £20,000 prescription fraud more than three years ago, had his name restored to the Register last week.

George Milne Burness, of 9 Churchill Drive, Dingwall, Ross & Cromarty, was jailed for nine months on December 2, 1988 at Dingwall Sheriff Court after admitting a 12-month fraud against the NHS which involved inflating prescriptions.

He was struck off a year later by the Statutory Committee in London, which also heard he had taken large quantities of amphetamine drugs from his pharmacy at 8 High Street, Dingwall, to feed his addiction which began in 1975.

At last week's hearing, Mr Burness, who was representing himself, said he had not taken amphetamines since his conviction. This was supported by evidence from his GP and a negative drug screening test taken recently.

Pharmacy can provide a focus for local Health of the Nation projects and a centre for Healthy Alliances, said David Coleman, at this week's PSNC/RPSGB symposium, where the way forward for community pharmacy was put under the spotlight

PSNC spells out plans for transfer of funding

Department proposals for the transfer of 20 per cent of the global sum to family health services authorities from April 1995 have been vague, said Godfrey Horridge, financial executive of the Pharmacy Services Negotiating Committee.

The PSNC's position is that the sum transferred should still be included within the global sum, including the trigger mechanism. If not, then, at the very least, it should be ring-fenced, said Mr Horridge. If it is not ring-fenced then some could be used towards administration, he added.

The PSNC believes there should be clear, centrally negotiated guidelines on items to be covered by the 20 per cent. The 20 per cent could be identified, he suggested, as follows: 3 per cent for non-core activities already managed by the FHSA, such as oxygen, rota, PMR and training; 8 per cent for the basic professional allowance; and 9 per cent for additional professional allowances, to be made available by the elimination of front-loading.

An increase in the basic professional allowance could be justified for continuing education and audit. But it should be centrally negotiated as standards must be national, although they could be monitored locally.

The other role that the PSNC sees as justifying the basic professional allowance is that



Godfrey Horridge: definition

of giving advice over-the-counter. This saves the Government a substantial amount of money on the NHS, he said. Additional allowances could be selected according to

local needs, but should be under a national protocol.

The PSNC does not see the transfer of the 20 per cent as a fund for financing local projects, otherwise this would equate to a pay cut for contractors.

Funds, or development budgets are available for local projects from RHAs or FHSAs. More may be released when the RHAs are scrapped and FHSAs and DHAs are merged, suggested Mr Horridge.

Individual contractors could look to provide advice about PACT or formularies to fundholding GPs or FHSAs.

The message from the PSNC was to look to the LPCs for ideas and FHSAs for the money.



Putting care into practice. Left to right: Sheila Noble, John Donoghue, Carol Edwards, David Coleman (chairman) and Mike Beaman

Two years to extend role

Over the next two years, pharmacists must push, in partnership with their local pharmaceutical committee, to develop a strategy for local community pharmacy, said James Fergusson, chairman of Bradford FHSA.

With the present 14 regional health authorities amalgamating to form eight authorities, and two years later being abolished altogether, there is possibly a huge work programme ahead for community pharmacists as their role develops and expands, he added.

The community pharmacist is the most readily accessible part of the NHS and it would be "a tragic waste of talent" to not make full use of them, he said.

Mr Fergusson suggested that pharmacists could work with GPs at local level to agree a formulary of first choice drugs, thereby reducing the stock kept and lowering overheads.

Another extended role pharmacists may adopt in the future, said Mr Fergusson, is that of repeat dispensing. The National Audit Office has recommended that legislation be passed to allow for repeat dispensing in community pharmacy.

He stressed the importance of pharmacists working together with FHSAs to get the formula right for the future.

£10 fee for inspections

Inspectors of the Royal Pharmaceutical Society should work with FHSAs to monitor standards set down in accordance with the professional allowance, said Sue Sharpe, head of the Society's law department.

The use of inspectors would save administrative costs, she said, as the inspectors already call on pharmacists. They would also judge pharmacies fairly and not show favouritism.

A fee of around £10 per pharmacy could be paid by the FHSA for their services.

Mrs Sharpe also detailed the proposals being put forward to introduce a Pharmacy Standards Tribunal. The branches will be consulted about the proposals in the New Year.

The PST would be composed of three pharmacists and a chairman lawyer. It will be taken by a panel of six pharmacists and two lawyers.

Sheila Noble explained how the Lothian area is developing community pharmacy. In February this year, a questionnaire was issued to community pharmacists to identify community care awareness. The key findings of the questionnaire were that pharmacists felt they had good communication skills but lacked confidence when approaching GPs. Lothian is divided in seven localities and each locality held a meeting following these findings.

Since then, achievements include setting up a training programme by pharmacists for carers, and pharmacists being employed by their local fundholding GPs to manage the drugs budget. Clinical pharmacy skills are being developed in the community by bringing in hospital clinical pharmacists to help with training.

For the future, Lothian is hoping to have one pharmacy in each locality which will deal with specialist needs, such as aseptic dispensing and the supply of non-tariff equipment. **John Donoghue** has completed a two-year pilot project for Liverpool FHSA

looking at how community pharmacists can support patients with mental health problems in the community. The project revealed that compliance is poor due to a lack of understanding, inappropriate or irrational prescribing and side-effects.

In Liverpool, five services have been set up with 14 pharmacists where they work in mental health day centres, residential settings, GP surgeries, high dependency domiciliary services or in the pharmacy. These pharmacists make information available for patients, carers, GPs and other pharmacists. They also provide flexible dispensing, compliance aids and monitoring of adverse drug reactions. All services are provided at the discretion of the pharmacist. In this situation, Mr Donoghue said, the pharmacist is recognised as having a distinct and complementary role and is highly valued by patients.

Carol Edwards of Hillingdon FHSA detailed the progression of community pharmacy projects over the last three years. Its DUMP campaign continues with a collection

every three months and the FHSA is now hoping to be able to investigate excessive repeat prescribing through the DUMP collections.

An ethnic labelling project is currently in process in Hillingdon. The six most common instructions have been translated into four minority languages and are used in addition to the English instructions on the label.

Michael Beaman highlighted a domiciliary care role instituted for pharmacists in the Barnet region. The FHSA prepared a checklist for visits to 39 patients who had been referred to them by GPs. Sixteen pharmacists took part in the scheme.

The average number of medicines taken was found to be eight among the elderly, which is higher than recommendations in the BNF. The project resulted in interventions with the GP and usual dispensing pharmacist for the patient. Follow-ups were made in 11 cases and eight changes were made to treatment. The project will be continued if funding can be found.

Pharmacy care in practice

A refreshing new twist to the No.1 heartburn treatment¹

Gaviscon now comes in lemon, peppermint and aniseed flavours

Your customers wanted them so now you've got them: **Gaviscon** now comes in two new flavour choices - Peppermint flavoured liquid and Lemon flavoured tablets.

Customer research shows that by stocking and displaying these popular new flavours alongside the original flavours of **Gaviscon**, you could dramatically increase the revenue earned from **Gaviscon's** highly attractive profit margins. **Gaviscon** will be supported by a £1,000,000.00 promotional campaign.



Available exclusively through pharmacies, these new flavour variants offer all the efficacy and long lasting relief you and your customers have come to expect from the No.1 heartburn remedy in pharmacies.¹

GAVISCON

Keeps acid where it works, not where it hurts

Product Information: Active Ingredients: Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Liquid Gaviscon: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage:** Liquid Gaviscon: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets to be chewed

thoroughly is required. Children under 12: Not recommended. **Note:** 250ml liquid contains 6.2mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 1000ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0140 Peppermint Flavour Liquid, 44/0103 Gaviscon 250 Tablets, 44/0143 Lemon Flavour Tablets. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Dimsion Lane, Hull HU8 7DS. **GAVISCON** is a registered trademark. **Date of preparation:** 17/10/93. **Reference:** 1. Taylor Nelson Comptopoint MAT to June 1993.

RECKITT & COLMAN
PRODUCTS

No contest for number one Ibuleve

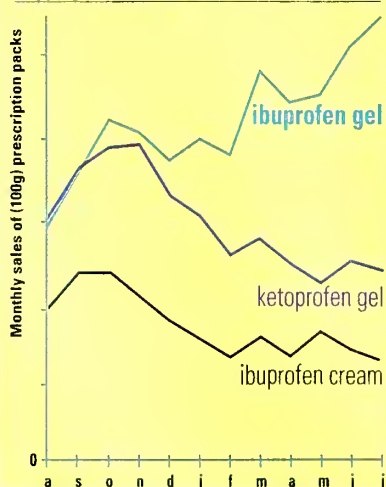
Launched in 1991, Ibuleve was the first topical NSAID promoted OTC, and within three months established itself as the market leader. Two and a half years later, Ibuleve has consolidated its position as number one in the topical analgesics sector, proving to be a highly acceptable product to consumers. Ibuleve's unique

themselves and they are not surprising. The clinical effectiveness of ibuprofen has been endorsed in numerous international studies of different formulations/strengths, some in comparison with other locally available NSAIDs, eg:

"(Topical) Ibuprofen proved significantly more



PRESCRIPTION SALES OF IBUPROFEN GEL, IBUPROFEN CREAM AND KETOPROFEN GEL



gel formula contains ibuprofen - a well-established safe and effective drug with excellent anti-inflammatory and analgesic properties. Ibuprofen is particularly useful in soft tissue injuries because it inhibits prostaglandin synthesis.

What doctors prescribe

It is not just the sufferers who approve - doctors do too. The graph left shows comparative sales of prescription (100g) packs of ibuprofen gel, ibuprofen cream, and ketoprofen gel over the last year.

The trends speak for

effective and faster than ketoprofen in resolving spontaneous pain." (1)

The remarkable success of ibuleve is endorsed by consumer research with 88 per cent of users saying they found Ibuleve to be effective in relieving pain.

Ibuleve invest in research

A brand new research study looking into pain and the pain relief market was recently commissioned by the makers of Ibuleve whose aim is to encourage pharmacists to increase their knowledge of this specialised sector of the market.

The study established that 69 per cent of adults experience pain on a regular basis and that nearly half suffer with pain suitable for treatment with Ibuleve - such as backache, rheumatic and muscular pain, sprains and strains.

The study also showed that 87 per cent of pain relief products were purchased from pharmacies.

These findings re-inforce the position of the pharmacist as advisor and opinion influencer, particularly with people who suffer from pain but don't feel justified in going to their doctor.

Building on the number one position
Ibuleve is the brand leading

topical NSAID on the OTC market and, as such, is now one of the best known names in pharmacies. However, despite this success, the research study shows that there are still thousands of sufferers who don't know about Ibuleve, many of whom are reluctant to use pills. Increased consumer awareness appears to be the way forward for pharmacies to build on their sales.

Statistics show that once sufferers have tried Ibuleve, there is strong repeat buying and brand loyalty.

With this in mind, Ibuleve have this year invested heavily in a highly effective television,



Press and trade promotion campaign, including new counter displays for greater visual impact, new POS featuring the "Live Life to the Full" message and the production of an informative and easy-to-understand consumer booklet, called "Muscles Matter".

This booklet was prepared in association

with the Chartered Society

of Physiotherapists, and details various everyday situations in which people might strain or damage their muscles. The launch of the "Muscles Matter" booklet has been supported by national advertising in the consumer and trade Press, and this Autumn sees heavyweight television advertising across the country. The brand leader deserves no less.

The company is committed to retaining its high profile in the trade and public sectors, and an exciting campaign programme for 1994 is already off the drawing board and ready to go.

(1) Ref: Piccho A.A. et al, Medicina dello Sport, 34, 1981.

Ibuleve Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, UK. Distributed by DDD Ltd, 94 Rickmansworth Rd, Watford, Herts WD1 7JJ. Active ingredient: ibuprofen BP 5.0 per cent w/w. Directions: Lightly apply a thin layer of the gel over the affected area. massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. Indications: For the relief of backache, rheumatic and muscular pain, sprains and strains. Precautions: If symptoms persist for more than a few weeks, consult doctor. Not recommended for children under 14 years. Patients with a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using Ibuleve. Keep away from broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Do not use if sensitive to any of the ingredients. For external use only. Legal category P. Packs. Tubes of 30g (PL0173/0060), price £3.79.

Unichem bid for Bradford independent wholesaler

Unichem have put in a £8.9 million offer for Bradford Chemists' Alliance, the Yorkshire-based independent wholesaler.

Although BCA's general manager Tony Garlick says the offer "stands out from the rest", the deal cannot go through without shareholder approval.

An EGM will be held on December 13, straight after the company's AGM, to vote on the

transaction. BCA is owned by its pharmacist customers and there would have to be a "clear majority" before the deal was finalised.

There is also the added complication of BCA being a Numark shareholder. If the Unichem deal goes through, the new owners say they hope to stay under the Numark umbrella in the Bradford region, according to Numark managing director Terry Norris.

As with all changes of ownership, BCA's membership of the voluntary trading organisation would then be debated by Numark members. If this change of ownership was to go ahead, it would be the second in recent months to affect Numark. Shareholders are currently deciding the fate of John Hamilton Pharmaceuticals, after their recent takeover by Lloyds, at an EGM on December 10.

"Unichem approached BCA when we were aware that some of our common customers thought it was time to unlock the value of their shares," says Unichem's chief executive Jeff Harris.

If the shareholders agree the deal, Unichem will pay £7.6m initially. This will be followed by a further £1.3m if sales do not drop over a six-month period. Aggregate turnover in the first six months of 1994 under Unichem would be compared with sales for the same

period in 1993 under BCA.

Unichem would finance the deal with either a share offer early next year, cash, loan notes or a mixture of these, depending on what shareholders decided. BCA directors have pledged to transfer 11.2 per cent of the company's share capital to Unichem if the deal goes through as part of "irrevocable undertakings of acceptance".

Unichem plan to shut down the Bradford warehouse and move stock to their own warehouse in Leeds, which has excess capacity. The move to Unichem's site ten miles away is expected to be in a phased operation over several months, with service levels not being disrupted by the transfer, says Mr Harris.

Staff will be offered relocation, but there may be some job losses. Currently, BCA employs 80 full-time staff and 20 part-timers, some of which Unichem hope to take on.

BCA's Mr Garlick will join Unichem "in a senior capacity" but the actual position has not been finalised.

BCA were founded in 1917 and are the main pharmaceutical full-line wholesalers to 166 pharmacies within a 50-mile radius of Bradford. This is out of a total of 280 outlets they service, most of which are independents.

Turnover for the year ended



Tony Garlick: to join Unichem

September 1993 was £52m, with pre-tax profits of just over £1m.

The last regional wholesaler Unichem bought was Wilkinson & Simpson of Newcastle nearly 20 years ago, says Unichem marketing director Bill Hart.

Sales stay strong

Sales of medicines and healthcare products in October maintained their previous strong trend thanks to the abundance of coughs, colds and flu. Toiletries sold well and there are good early signs for Christmas on the keenly priced gifts in this area. Cosmetics and fragrances maintained their previous strong performance, with fragrances helped by price promotions.

Cosmetics market

The UK cosmetics and toiletries market is to be worth £4.8 billion by 1997 and, alongside Italy, forms one of Europe's fastest growing sectors. The European market is expected to be worth £32.7bn over the same time period. Contact Frost & Sullivan on 071-730 3438 for details.

Security camera

Small retailers can take advantage of a security package including a high-resolution colour camera, a colour monitor, a 24-hour time-lapse VCR and tapes from Sensormatic CamEra of Warwickshire. The video recorder enables a whole day's activity to be recorded on one tape, with the time and date displayed when it is played back for reference. A dummy camera housing is also supplied to be placed outside the premises, as are warning notices. Ring 0926 484664 for details.

Telefax update

Retailers still receiving unsolicited invoices disguised as telephone bills (C&D October 23 p738) should send them to Stephanie James at the British Chambers of Commerce, 9 Tufton Street, London SW1P 3QB. The "bills" are in fact an invitation to subscribe to a telefax service.

European distribution report available

A report on current and emerging channels of distributing non-prescription and prescription medicines in Europe is available from the *Financial Times*.

Subjects covered include balance of power in the wholesale

business, consolidation, parallel imports, the role of pharmacists and implications of the European wholesale Directive. There are also details of industry analysts and consultants.

For details, ring 0209 612493.

Trade mark reforms

It should be easier to register a trade mark and protect it from counterfeiting if legislation announced in the Queen's Speech goes ahead.

The move to update 50-year-old trade mark law has been welcomed by the Association of the British Pharmaceutical Industry.

"The 1938 Act is now well out of date, and imposes a burden on the UK pharmaceutical industry in comparison with its international competitors," says director Dr John Griffin.

The new Act would also make it easier to qualify for registration and provide wider infringement rights.

Update on Fisons probe

Fisons' investigation into alleged illegal drug marketing activities has resulted in one dismissal and another employee being disciplined.

Rick Tiller, the West Midlands area sales manager who was suspended (C&D November 13 p880), has since been re-instated as the investigation did not implicate him in bribing GPs.

A Fisons spokeswoman would not say whether he was one of the two that were either dismissed or disciplined, or whether he was in addition to these two.

Two employees who were being disciplined were found to be breaking company rules regarding "patient treatment record cards". These cards carry the names of patients taking particular drugs, information which was allegedly sold to Fisons reps. Fisons deny the allegations but four GPs maintain they were offered payments.

The company is co-operating with an investigation by the Association of the British Pharmaceutical Industry.

National
Press Campaign
Starts November
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to 9.4 million people in the UK use them* New Refresh is Pharmacy Only, making it your opportunity for valuable extra sales in a growing market.

The appealing pack design and an appealing price, to you and your customers, will be backed by:

- NATIONAL PRESS CAMPAIGN
- FULL PR SUPPORT
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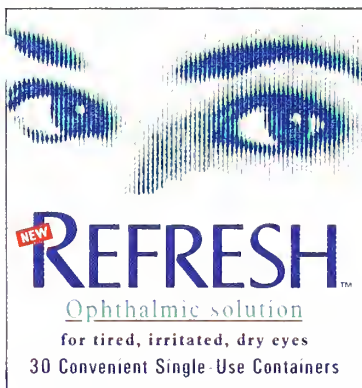


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HOTLINE: 0494 427 047

or contact your usual wholesaler to make sure that you meet the consumer demand and treat eye irritations the advanced way.

Find out more about new REFRESH through your Allergan representative.



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IN AN EYEDROP**

ALLERGAN
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*RSGB, 1992.

NAME

ADDRESS

Yes. I would like further information about new REFRESH.

Yes. I would like consumer information leaflets and POS material.

Yes. I would like a representative to visit.

Sales Administration Dept., Allergan Limited,
Coronation Road, High Wycombe, HP12 2SH.

Numark shun Hamilton's after Lloyds takeover

Numark appear to have preempted the outcome of their EGM by effectively freezing out John Hamilton Pharmaceuticals now that they are owned by Lloyds.

The decision on Hamilton's fate is to be officially made at Numark's EGM on December 10, but a letter from managing director Terry Norris to Lloyds' chairman Allen Lloyd clearly states Numark's viewpoint.

In a letter faxed to Lloyds at 4.26pm on November 17, Mr Norris states: "It is not in the interest of Numark for John Hamiltons (Pharmaceuticals) Ltd to remain a member. It has therefore been decided to terminate correspondence with you."

Numark then informed *Chemist & Druggist* later that afternoon about its decision to appoint Unichem "to maintain a permanent service to Numark

retail members served by John Hamilton Pharmaceuticals" (C&D last week p930).

The timing of Unichem's appointment has disappointed Hamilton's and their new owners, Lloyds.

In a letter to C&D (see p955), Hamilton's deputy managing director Stewart MacPherson says: "We are extremely disturbed and disappointed that Numark should take these sudden and arbitrary decisions, without completing a full round of discussions with us, and without the courtesy to inform us of their decision to make alternative arrangements."

Mr Norris says he does not want to comment on private correspondence between him and Lloyds. He adds, however, that he is complying with Numark's articles of association.

Unichem hopes to pick up new accounts as a result of the

Scottish deal, says chief executive Jeff Harris, with up to 200 at stake. This would, potentially, bring the total number of pharmacies it services in the area to about 600.

Unichem will distribute the full range of Numark brands and support Numark promotions from their own warehouse in Livingstone. This is as well as carrying Unichem own-label products.

Terms will be the same for Numark own-label goods as they were before Unichem were appointed. But terms for other products may vary, says Mr Harris.

"Our members were aware of the appointment," says Mr Norris. "It's not unusual for a large company to be associated with Numark."

He is anxious to dispel fears of Unichem diluting Numark's independent stance, pointing out

that AAH were members until Spring last year.

"We do have to respond to changes in conditions, but Unichem have been appointed as licensee distributor in just one part of Scotland," he says, refusing to predict whether this would be a blueprint for the future.

Unichem originally approached Numark over the agreement.

Mr Harris says: "Maybe it [distribution] needs a bit of different thinking in the future. We are open minded as to where it will lead."

Coming Events

Anniversary lunch

The Scottish Pharmaceutical Federation celebrates its 75th anniversary with a conference and exhibition for retail pharmacists at the Dunblane Hydro on April 24, 1994.

Attendance for the conference will be £17.65 and this includes morning and afternoon coffee, lunch and souvenir gifts. Accommodation can be reserved at reduced rates.

Further details from the SPF (tel: 041-221 1235).

Tuesday, November 30

Dudley, Stourbridge and District Branch, RPSGB, at The Medical Centre, Corbett Hospital, Stourbridge, 7.30 for 8pm. Joint meeting with GPs. "Epilepsy Management in the Nineties". Speakers: Dr T Betts, consultant neuropsychiatrist, Queen Elizabeth Hospital, Birmingham, and Dr K Smith, epilepsy liaison nurse. Buffet supper provided.

Borders Branch, RPSGB, in the Doctors Common Room, Education Centre, BGH, 7.30pm. First aid evening organised by the Occupational Health Service, Borders Health Board.

Oxfordshire Branch, RPSGB, at the Postgraduate Medical Centre, Level 3, John Radcliffe Hospital, 7.30 for 8pm. Speaker: Phil Wiffen, pharmaceutical services manager at the Churchill Hospital, on his visit to Bangladesh with the Commonwealth Pharmaceutical Association.

Wednesday, December 1

Oxfordshire Branch, RPSGB, Chiltern Regional Conference at Lecture Theatre of Astra Pharmaceutical, Kings Langley, Herts, at 7.30pm. Speaker: Professor Eric Tomlinson, president and chief executive of Gene Medicine Inc.

Thursday, December 2

Slough Branch, RPSGB, joint meeting with medical practitioners at the PGMW Wexham Park Hospital, 7.15 for 8pm. "Getting high on plants", speaker: Dr P.J. Houghton of Chelsea College.

Workers protected from pressure of working on Sundays

Employees will have the right to refuse to work on Sundays, says Home Secretary Michael Howard in a U-turn seen as a sweetener to help along the Sunday trading debate.

The Government's change of heart follows pressure from Christian Conservative MPs, as well as the Labour opposition, to protect employees' rights.

The announcement came just after two of the Sunday trading pressure groups decided to join forces to present a simplified set of options to MPs.

There will now be three Sunday trading options debated

rather than the proposed four. Although a date for the debate had yet to be set as *Chemist & Druggist* went to press, it is unlikely to be before the week beginning December 6 at the earliest, when the Budget is out of the way.

Retailers for Shop Act Reform and the Keep Sunday Special Campaign are now to back a joint option, which they say will offer "a balance between the interests of the consumer and the community as a whole".

Their joint presentation will press for shops to be open on the four Sundays up to Christmas,

with no restrictions during the rest of the year for shops under 3,000sq ft.

But they differ on the subject of Sunday wages. KSSC say it will continue to campaign for statutory double-time premium payments, despite opposition from RSAR.

Their main competitor, the Shopping Hours Reform Council, has slammed the merger as a "cynical panic exercise that will fool nobody". Its option would allow small shops to open on Sunday, with large stores limited to opening for six hours. Staff would be paid premium rates.

OFT to look into RPM on books

The Office of Fair Trading is looking into book pricing — the only surviving retail price maintained sector other than over-the-counter medicines.

The OFT will be looking at whether the net book agreement, which fixes book prices, operates in the public interest. It has been challenged recently by retailers.

Gerry Harraway, director of the Proprietary Articles Trade Association, says he knows of no parallel investigation into OTC retail pricing. His view is echoed by the Proprietary Association of Great Britain.



Soap manufacturers Bronnley have picked up this year's Northampton Business of the Year award. Pictured above is chairman Ann Rossiter receiving the silver trophy from newsreader Martyn Lewis

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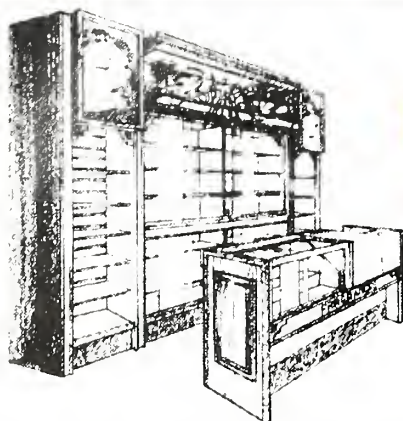


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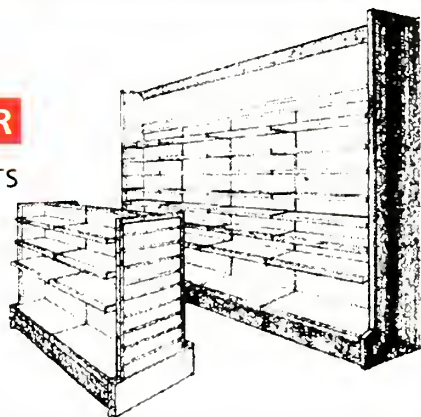
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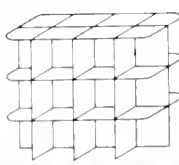
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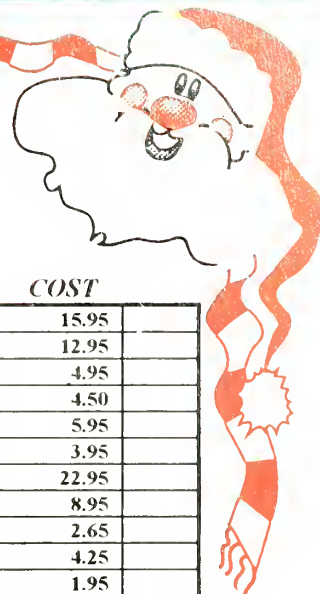
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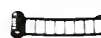
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WORCESTER - Manager required for an easily run pharmacy. Excellent salary and supporting staff. Tel: 0905 58104 evenings.

SLE OF MAN - Pharmacist manager required for village pharmacy. Tel: 0624 822949.

LOCUMS

KEGNESS, Lincs - Locum required Feb/March two days or more per week, friendly staff, dispenser present. Tel: 0754 765715.

SOUTH MANCHESTER - Regular locum required for Friday evenings 6-8pm. Tel: 0625 523945.

ASSISTANTS

LONDON N4 - Experienced counter assistant required, full time or part time. Tel: 081-803 6814 after 8pm.

EXPERIENCED COUNTER ASSISTANT - Or part experienced required for busy pharmacy, hours 9-7 (or to suit) 5 days a week. Tel: 081-969 8741.

EAST LONDON - Experienced counter assistant required for evenings (6.30-9pm) two or three nights a week. Tel: 081-534 1652.

BUSINESSES FOR SALE

SW12 NEAR TUBE STATION - 1500 per month, long lease, turnover £200,000 pa, offers invited. Tel: 081-673 6288.

SITUATIONS WANTED

EMERGENCY LOCUM, LECTURER AND SPEAKER - available at short notice - 100 mile radius Northampton. Tel: 0604 832202.

LONDON, MIDDLESEX AREAS - Reliable locum pharmacist available for long term, short term, weeks or days from November 29 onwards. Tel: 0850 597991 evenings or 081-916 6406 daytimes.

MANCHESTER & STOCKPORT - Experienced locum available Nov/Dec and New Year. Tel: 061-428 7710.

RELIABLE PHARMACIST - Available for locum or permanent position in London. Tel: 081-900 0620 after 7pm.

MANCHESTER/LIVERPOOL/SURROUNDING AREAS - Young locum with ten years retail experience seeks regular days/short or long term posts or managerial position on long term locum basis. Tel: 061-789 4519.

GREATER MANCHESTER - Enthusiastic locum pharmacist now taking bookings, short or long term, other areas considered, accustomed to heavy dispensing. Tel: 061-707 4419.

LONDON AREA - Locum pharmacist available for Sundays, also available 26, 27, 28 December. Tel: 071-372 7420.

EAST LONDON/ESSEX - Experienced, enthusiastic and reliable pharmacist seeks regular Monday position, occasional bookings also considered, now booking for January. Tel: 081-534 1652 till 9pm or 071-473 0342.

EALING/HARROW/HOUNSLOW - Experienced enthusiastic and highly recommended locum available for short and long term bookings. Tel: 081-743 9818

evenings or 081-743 9486 daytime.

LONDON, HERTS, MIDDLESEX, ESSEX - Locum available. Tel: 081-445 1861.

WANTED

TABLET COUNTER - In working order. Tel: 081-248 1455.

MOLINARD DE MOLINARD EAU DE TOILETTE - Required, please state quantity and price. Tel: 0861 522092.

SCOPODERM PATCHES - Tel: 0905 23822.

CREON 2500 CAPSULES - Any quantity. Tel: 0708 524015.

KIRBY LESTER TABLET COUNTER - In working order; illuminated box type, green cross sign for exterior use; 'prescriptions' sign neon or box type. Tel: 061-370 1626.

TABLET COUNTER - In working order. Tel: 0582 490907.

ACCOMMODATION

COSTA DEL SOL NR FUENGIROLA - 2 weeks accommodation luxury town house, sleeps 6, nr beach, July 31 to August 14, swimming pool, horse riding etc. Tel: 081-965 2112.

EXCESS STOCK

TRADE LESS 40% - 14x5 Miacalcic inj 100iu (exp 11/96), 17 x Calcitare 160iu (exp 4/94), 3x10 Colomycin 1m 100 units. Tel: 0254 237773.

TRADE LESS 25%+VAT+POSTAGE - 2x10 Nozinan inj 25mg/ml (exp 10/95), 3x56 Androcur 50mg (exp 9/94 & 6/95). Tel: 0253 24743.

TRADE LESS 50% - 13x5 Amps Sandostatin 50mg/ml. Tel: 036 555 597.

TRADE LESS 50%+POSTAGE - 4x56 Lopid 600mg (exp 5/94), 8x28 Modalim 100mg (exp 2/94), 80 x Parlodel 5mg, 2x28 Antepar (ex 10/94), 85 x Chendol 250mg (exp 2/94). Tel: 081-946 0543.

TRADE LESS 40%+VAT+POSTAGE - Calciparine 12,500u syringes 53 (exp 10/94), Calciparine 500u syringes 28 (exp 1/97), Uniparin Forte 10,000u/0.4ml syringes 62 (exp 5/94). Tel: 021-604 4600.

TRADE LESS 30%+VAT+POSTAGE - 3x30 Surgicare system 2 pouches S263, 2x5 Flanges S355, 3x10 Hollister urostomy pouches 1423/D947. Tel: 091-489 8053.

TRADE LESS 30%+VAT - 20 Ursotalk, 60 Paroven, 24 Orimeten 250mg, 100 Orap 2mg, 472 Nozinan, 40 Lamictal 50mg, 80 Ilosone 250mg, 36 Faverin, 20 Danol 200mg, 16 Froben SR. Tel: 0272 776941.

TRADE LESS 60%+VAT - 1x2 Litres Triclofos elixir BP Evans (exp 2/94). Tel: 0708 440762.

TRADE LESS 50%+VAT+POSTAGE - 25 Recormon 200 (exp 10/94), 24 Recormon 1000 (exp 11/94), 30 Sandimmun 25mg caps (exp 4/94). Tel: 0273 416510.

TRADE LESS 30%+VAT+POSTAGE - 20x100 Amoram caps, 1x Albustix strips, 178 Rifinah 150mg, 168 Questran, 3x50 Bactigras, trade less 50%+VAT+postage - 2x20mg Polyfax ointment, 67 Crystapen vials. Tel: 081-767 6005.

TRADE LESS 30%+VAT - 4x Myocrisin amps 50mg, 9x Bicillin inj 2.16g, 17x Calcitare inj. Tel: 0705 663945.

TRADE LESS 30%+VAT+POSTAGE - 3x40 Retrovir caps (exp 95), 3x100 Be-

noral tabs, 1x105 Nicorette 4mg (exp 6/94). Tel: 0252 542807.

TRADE LESS 40%+VAT+POSTAGE - 100 Zinamide, 10 Rehbin 100mg, 60 Anquil, 10 Vancocin 125mg, 28 Elantan LA 25mg, 100 Aventyl 25mg, 68 Neulactil 10mg, 84 Doloxene, 23 Deponit 10, 1 Gyno-Pevaryl (CP pack), 1 Gyno-Pevaryl 1. Tel: 091-373 0255.

TRADE LESS 50%+VAT+POSTAGE - 1x30 Zantac EFF 300mg, 82 Loron caps 400mg, 1x Lioresal 10mg, 1x100 Ismelin 10mg, 1x100 Stugeron forte. Tel: 081-743 3887.

TRADE LESS 25%+VAT+POSTAGE FREE - 100 Anafranil SR, 88 Asendis 50mg, 144 Burinex 5mg, 188 Chinoril 100mg, 420 Hexopal, 72 Robaxin 750 (exp 10/95). Tel: 0332 673574.

TRADE LESS 30%+POSTAGE - Lodine 200mg capsx250, Vota-E caps 400ivx100, Dansac skin lotion 2x200ml. Tel: 081-670 0973.

TRADE LESS 30%+VAT - 14x Betaloc SA, 133 x Epogam, 112 x Largactil 25mg,

100x tabs Maalox, 128x tabs Melleril 50mg, 2x Suprefact nasal spray. Tel: 0322 432146.

TRADE LESS 25% - Metopirone (exp 2/97). Tel: 081-520 5820.

FOR SALE

MEDIX WORLD TRAVELLER NEBULISER - Mains/car/battery £100, AAV 230 litre oxygen cylinder with adaptor £120, both as new, prices plus carriage. Tel: 0322 337445.

TOYOTA MR2 - T-bar, G 1989, 33,000 miles, 2 owners, lady wishes to buy new shape, good condition £7,500 ono. Tel: 081-574 1352 day or 081-845 9619 eves.

AUTOMATIC DIGITAL BLOOD PRESSURE MONITOR - with printer cost £125 new 50% off, Phillips digital electronic blood pressure meter cost £91 new 50% off, Glucometer cost £55 new 50% off. Tel: 071-493 6133.

KL8 COUNTER - In good working condition. Tel: 081-478 1030.

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Aboutpeople

Two of the same



Those attending the registration ceremony in Edinburgh last month included (back row left to right): Jaqueline Duncan, Nicola Salek, Susan Wright, Martin Orpin, Carol Philip, Fiona Macrae and Lesley Patrick. (Front row from left): Moira Elliott, Jennifer Harper, Scottish Executive chairwoman Patricia Duncan, RPSGB president Nicholas Wood, Scottish Department secretary Dr Gordon Jefferson, Ruth Graham and Heather Elliott

Identical twins are rare enough, but you would give long odds against finding a pair who graduated in the same subject — pharmacy — from the same university, undertook their preregistration training in the same area and who are now both reading for a PhD...at the same university.

Moira and Heather Elliott from Carlisle in Lanarkshire fit the description to the letter. Both graduated from Strathclyde University and spent their prereg year on the south side of Glasgow. Both are now reading for a PhD back at Strathclyde.

Last month also saw them at the Royal Pharmaceutical Society's Scottish headquarters for the annual registration ceremony.



The Elliott twins, Heather and Moira, in the library of the Society's Scottish House. Moira is the one on the left — at least that's what they told a confused assistant secretary Dr Lindsay Howden

Martindale award goes to Sunderland

Three Sunderland pharmacists have won this year's Martindale Pharmaceuticals UKCPA poster award.

Sally Donaldson, Andrew Radley and Helen Kendall of the Pharmacy Practice Unit, University of Sunderland, received the £1,000 award from Martindale's commercial director at last weekend's UK Clinical Pharmacy

Association's symposium in Blackpool (see p956).

The award will enable the authors to present their work — an investigation into whether a hospital-style clinical pharmacy service can be carried out in the community — at a meeting of the American Society of Hospital Pharmacists in Atlanta, Georgia, next month.

New York, New York

The Big Apple seems to be a popular haunt for competition winners lately, with a pharmacist and a pharmacy assistant winning trips there.

Pharmacist Anna Newman of Neil Fergusson pharmacy in Chester got a big surprise when she discovered she had won first prize in AAH Pharmaceuticals' *Monthly Offers Magazine* for October. Her three-day trip to New York will include a helicopter tour of the city, two tickets for a Broadway show and £500 spending money.

Margaret McNeil, pharmacy

assistant at the Moss Chemists within the Asda store in Dunfermline, also won a weekend for two in New York by becoming Moss Chemists' assistant of the year.

Over 200 staff gathered for the grand final at Kempton Park at the end of last month. The event was sponsored for the third year running by Sterling Health.

Second prize of a Murder Mystery Weekend for two went to Fiona Williams from Goldsworth Park, while Carol Tierney from Preston received the third prize of a weekend break for two.



Barry Andrews, managing director of Moss Chemists (left) and Graham Read, managing director of Sterling Health, congratulate Margaret McNeil from Dunfermline on becoming Moss Chemists' assistant of the year

All for charity...

As if they don't do enough for their local community, two pharmacists are raising money for charity this weekend.

Veteran fundraiser Popat Shah from Edgware is appealing for people to buy a ticket in a Christmas Draw. He is hoping to raise £4,000 to provide four guide dogs for the blind.

Meanwhile, in Liverpool, Hassan Argomandkhah is doing his bit for the BBC's "Children in Need" appeal this Friday.

He and his preregistration student will attempt to visit all 200 pharmacies in the Liverpool and St Helens & Knowsley FHSA areas before presenting themselves at 8.30pm at the Radio Merseyside studios.

Assuming all outlets are open from 9am to 6pm, this means the speedy duo will have to visit one pharmacy approximately every three minutes. Just keep an eye on the speed limit, Hassan!

APPOINTMENTS

Nigel Hume is taking up the position of sales director of Sussex Pharmaceutical Ltd from January 1.

Michael Förster has been elected to the board of directors of Lancaster Group AG. He oversees the developing and marketing of new products for the Group.

Elizabeth Lawton has joined Ever Ready as national account manager.

Grampian Holdings have made David McBeath MRCVS chief executive of their veterinary pharmaceutical division. Bob Bridgeman, currently chairman and chief executive, will continue as executive chairman. Both appointments take effect from January 4.

The new chairman of the Wessex Regional Health Authority is Alistair Service. His term of office runs until March 31 when it is proposed to merge Wessex RHA with South Western RHA.

The growth market of the '90s

COMPLETE MARKET TRENDS AND FORECASTS FOR OTC MEDICINES THE BENN OTC HEALTHCARE MARKET REPORT

From the publishers of *Chemist & Druggist*, *Community Pharmacy* and *Pharmacy Today*, comes the definitive report on OTC Healthcare, a growth market for the 1990s. The report comes as Governments are encouraging companies to switch products from prescription to OTC, while strategic alliances between major manufacturers are demonstrating the massively increased interest of the pharmaceutical industry in OTC.

For many years the Benn pharmacy magazines have helped keep readers up to date with industry news, issues,

product innovations and market developments. Now Benn is deploying its unrivalled industry knowledge, unique position, industry contacts and databank of original research to produce

an authoritative and comprehensive report on the OTC medicines market.

The OTC medicines market in the UK will be worth £1 billion plus in 1993. Key

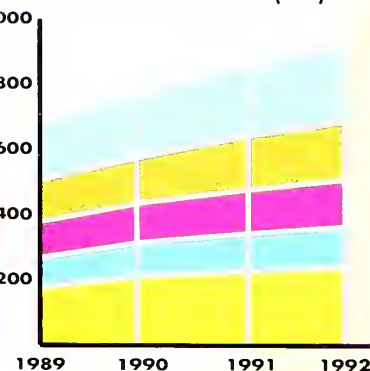
issues in this dynamic consumer market include: the impact of drugs coming off patent, industry strategies as the global giants compete for their shares of OTC to make good lost profits from prescription medicines, and the increasingly competitive retailing

environment. The Benn OTC Healthcare Report will be available in December, price £375. This report is THE essential marketing reference work for an industry facing the challenge of change.

SPECIAL FEATURES

M to P products analysis
Exclusive Benn Pharmacy Group
Retailer Survey data
Best market trend data to mid-1993
Market forecast to year 2000
European OTC developments

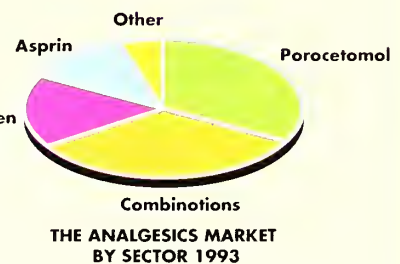
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